

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Engel for Congress

ADDRESS (number and street) 462 California Road

Check if different than previously reported. (ACC)

Bronxville NY 10708

2. **FEC IDENTIFICATION NUMBER** C00236513

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

NY 17

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Arnold Linhardt

Signature of Treasurer Electronically Filed by Arnold Linhardt Date 04 15 2010

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

A. Form/Schedule : **F3N**

Transaction ID :

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Engel for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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)).....	108014.40	421293.40
(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)).....	108014.40	421293.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	55465.83	337210.39
(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)).....	55465.83	337210.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	232082.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	76000.00	192100.00
(i) Itemized (use Schedule A).....	0.00	3929.00
(ii) Unitemized.....	76000.00	196029.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	32014.40	225264.40
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	108014.40	421293.40
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	108014.40	421293.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55465.83	337210.39
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.....	10900.00	135500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	66365.83	472710.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	190434.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	108014.40
25. SUBTOTAL (add Line 23 and Line 24).....	298448.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66365.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	232082.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 77
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Michael E Hill

Mailing Address 7504 SW 78th Ter

City Miami State FL Zip Code 33143-4135

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

Name of Employer Greenberg Taurig Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 01 / 18 / 2010
Transaction ID: A24925C03E04D4C029FE
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
Fernando Plaza Cayon

Mailing Address Sunset Road

City Miami State FL Zip Code 33143

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

Name of Employer Self-employed Occupation Businessman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2010
Transaction ID: A2A53A829E8974E39A5C
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ramon Antonio Balladares

Mailing Address 925 Sunset Rd

City Miami State FL Zip Code 33143-6119

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

Name of Employer Passion Growers Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2010
Transaction ID: ADAE99AE1FBA14701B86
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 77
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.

Full Name (Last, First, Middle Initial) Gisela Claudett Cerna		Date of Receipt MM / DD / YYYY 01 / 19 / 2010
Mailing Address 2 Grove Isle Drive Apt. 1110		Transaction ID: AFD050FF261B74C9FBD3
City Miami	State Zip Code FL 33133-4111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Self	Occupation Homemaker	Election Cycle-to-Date ▼ 2400.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Oscar M Cerna		Date of Receipt MM / DD / YYYY 01 / 19 / 2010
Mailing Address 2 Grove Isle Drive Apt. 1110		Transaction ID: A1E7FF1CF48094F1ABA2
City Miami	State Zip Code FL 33133-4111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Cernar & Associates	Occupation Managing Director	Election Cycle-to-Date ▼ 2400.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) T. Gene Prescott		Date of Receipt MM / DD / YYYY 02 / 18 / 2010
Mailing Address 1200 Anastasia Avenue		Transaction ID: AA036C8E346614ABC87C
City Coral Gables	State Zip Code FL 33134-6339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Biltmore Hotel	Occupation Owner	Election Cycle-to-Date ▼ 2000.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	6800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 77
(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)
Lauri J. Fitz-Pegado

Mailing Address 3401 38th Street, NW
Apt. 407

City Washington State DC Zip Code 20016-3040

FEC ID number of contributing federal political committee. C

Name of Employer The Livingston Group Occupation Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2010
Transaction ID: AEA067CF5F3C640688E8
 Amount of Each Receipt this Period 300.00

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

Mailing Address 896 Helga Place

City Mc Lean State VA Zip Code 22102-2164

FEC ID number of contributing federal political committee. C

Name of Employer Dutko Worldwide Occupation Managing Principal

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2010
Transaction ID: A1BCEDA80082E4EAAB9A
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Damian Y Kunko

Mailing Address 4517 - 16th Street N

City Arlington State VA Zip Code 22207-2149

FEC ID number of contributing federal political committee. C

Name of Employer SMI Strategic Marketing Innovations Occupation Vice-President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2010
Transaction ID: A36971B3E120E48268E2
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 77
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Ronald W Bakalarz	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 20165 NE 39th PI Apt 804	Transaction ID: AF005DBDBAB8A44F1967
	City State Zip Code Miami FL 33180-3421	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Stanton & Cia President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Harvey Friedman	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 7610 SW 133rd St	Transaction ID: A7A60867099F24252B63
	City State Zip Code Miami FL 33156-6840	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Jaime Peisach	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 60 Terracina Avenue	Transaction ID: AC33129837FC14C47922
	City State Zip Code Golden Beach FL 33160-2252	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Passion Growers CEO	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Jaime Peisach	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 60 Terracina Avenue	Transaction ID: A0D6EFE250E154FB2A31
	City State Zip Code Golden Beach FL 33160-2252	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Passion Growers	Occupation CEO	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	
B.	Full Name (Last, First, Middle Initial) Daniel Sabogal	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 532 Luenga Avenue	Transaction ID: A42EC2189EAEB4A0EAF
	City State Zip Code Coral Gables FL 33146-2717	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation Executive	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
C.	Full Name (Last, First, Middle Initial) Cheryl Peisach	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 7911 NW 21 Street	Transaction ID: A191D8997B32B4DEA9A3
	City State Zip Code Doral FL 33122-1616	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Passion Growers	Occupation Executive	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	
SUBTOTAL of Receipts This Page (optional)		6800.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 77
(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)
Cheryl Peisach

Mailing Address 7911 NW 21 Street

City Doral State FL Zip Code 33122-1616

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

Name of Employer Passion Growers Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 03 / 15 / 2010
Transaction ID: AD22882545D42445AA28
 Amount of Each Receipt this Period 2400.00

B.

Full Name (Last, First, Middle Initial)
Peter Silberlicht

Mailing Address 7 Carriage Rd

City Roslyn State NY Zip Code 11576-3117

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

Name of Employer Self-employed Occupation Realtor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 03 / 15 / 2010
Transaction ID: AA6BFCABF03B349A9803
 Amount of Each Receipt this Period 2400.00

C.

Full Name (Last, First, Middle Initial)
Meryl Silberlicht

Mailing Address 7 Carriage Rd

City Roslyn State NY Zip Code 11576-3117

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

Name of Employer Self Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 03 / 15 / 2010
Transaction ID: A2CF3422212F843829C4
 Amount of Each Receipt this Period 2400.00

SUBTOTAL of Receipts This Page (optional) ► **7200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 77
(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)
Nivia M. Camara

Mailing Address 41-33 Jean Terrace

City State Zip Code
Fair Lawn NJ 07410-5706

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

Name of Employer Occupation
Monroe College College Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: AC7E2A716B46046EB97B

Amount of Each Receipt this Period
500.00

Election Cycle-to-Date ▼ 500.00

B.

Full Name (Last, First, Middle Initial)
Donald Simon

Mailing Address 1528 Eric Lane

City State Zip Code
East Meadow NY 11554-3603

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

Name of Employer Occupation
Monroe College Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: A6CA698BAA30E41DB887

Amount of Each Receipt this Period
500.00

Election Cycle-to-Date ▼ 500.00

C.

Full Name (Last, First, Middle Initial)
Alex J.M. Ephrem

Mailing Address 31 Russell Place

City State Zip Code
Dobbs Ferry NY 10522-1534

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

Name of Employer Occupation
Monroe College College Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: A3E0825C44157405DB4D

Amount of Each Receipt this Period
2000.00

Election Cycle-to-Date ▼ 2000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 77
(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) ROBERTA GREENBERG	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address	Transaction ID: AC59FBAAD1E0F438BACA
	City State Zip Code	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Monroe College	Occupation College Administrator	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
B.	Full Name (Last, First, Middle Initial) Anthony Allen	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 11 Cherry St E.	Transaction ID: A66605DC83DAE45C3900
	City State Zip Code Floral Park NY 11001-3445	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Monroe College	Occupation Administrator	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Evan Jerome	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 160 Victory Blvd	Transaction ID: AD1F1DF5627AC40DBA0E
	City State Zip Code New Rochelle NY 10804-2302	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Monroe College	Occupation College Administrator	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		4000.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 77
(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)
Kathy E. Murphy

Mailing Address

City State Zip Code

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

Name of Employer: Monroe College Occupation: College Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 17 / 2010
Transaction ID: A43AFFDA0ACC34FB28BB
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 224 Lincoln Street

City State Zip Code
Englewood NJ 07631-3157

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

Name of Employer: Monroe College Occupation: College Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 17 / 2010
Transaction ID: A06B07FEE18A74887A9C
 Amount of Each Receipt this Period: 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 17 / 2010
Transaction ID: A7D162D52E29C4926AAC
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Stephen Jerome		Date of Receipt
	Mailing Address Monroe College Way		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bronx	NY	10468
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Monroe College		Occupation President	Transaction ID: A1C444BEC18754A0BB0B Amount of Each Receipt this Period <input type="text" value="2400.00"/>
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="4800.00"/>	

B.	Full Name (Last, First, Middle Initial) Alan Mintz		Date of Receipt
	Mailing Address 2 Tomohawk Drive		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wayne	NJ	07470-4952
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Monroe College		Occupation CFO	Transaction ID: AD8F62B87D75940B6A23 Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	

C.	Full Name (Last, First, Middle Initial) Dona H Zimmerman		Date of Receipt
	Mailing Address 15 Pheasants Ridge North Way Ridge		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wilmington	DE	19807
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Multistate Legal Services		Occupation President	Transaction ID: AB34750FA206447A0846 Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="6400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Mel Karmazin	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 171 Midwood Road	Transaction ID: A72E0A633F81D4565B0A
	City State Zip Code Paramus NJ 07652-1637	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sirius Radio President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) Mel Karmazin	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 171 Midwood Road	Transaction ID: A71F9F20E12FC4961A26
	City State Zip Code Paramus NJ 07652-1637	Amount of Each Receipt this Period 2200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sirius Radio President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) Lisa Modica	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address PO Box 3947	Transaction ID: AF2710B8F95494AE9AE3
	City State Zip Code Boynton Beach FL 33424	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Homemaker	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 77
(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)
Charles Modica

Mailing Address PO Box 3947

City State Zip Code
Boynnton Beach FL 33424

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

Name of Employer Occupation
St. Georges University President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2010

Transaction ID: A54A9A7FF442B4000BD1

Amount of Each Receipt this Period
2400.00

4800.00

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

Mailing Address PO Box 3947

City State Zip Code
Boynnton Beach FL 33424

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2010

Transaction ID: A037D2332FF6D4D218D0

Amount of Each Receipt this Period
2400.00

4800.00

C. Full Name (Last, First, Middle Initial)
Andrew J. Belford

Mailing Address PO Box 8006

City State Zip Code
Hobe Sound FL 33475-8006

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

Name of Employer Occupation
Self Architectural Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2010

Transaction ID: A0DCA9511E4BD4E4ABEF

Amount of Each Receipt this Period
2000.00

2000.00

SUBTOTAL of Receipts This Page (optional) ► **6800.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 77
(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)
Anthony J Schmidt
 Mailing Address 8848 SE Marina Bay Drive
 City State Zip Code
 Hobe Sound FL 33455-2952
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2010
Transaction ID: A3C53C963F56D4B91900
 Amount of Each Receipt this Period
 2400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Georges University University Support Services
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

B. Full Name (Last, First, Middle Initial)
Anthony J Schmidt
 Mailing Address 8848 SE Marina Bay Drive
 City State Zip Code
 Hobe Sound FL 33455-2952
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2010
Transaction ID: ABCCB8D5066D04606A3C
 Amount of Each Receipt this Period
 2400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Georges University University Support Services
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

C. Full Name (Last, First, Middle Initial)
Charles Modica
 Mailing Address PO Box 3947
 City State Zip Code
 Boynton Beach FL 33424
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2010
Transaction ID: AB660495969DA400E826
 Amount of Each Receipt this Period
 2400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Georges University President
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

SUBTOTAL of Receipts This Page (optional) ► 7200.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.

Full Name (Last, First, Middle Initial) J. Lorraine Schmidt		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address 8848 SE Marina Bay Drive		Transaction ID: AA40A65AAC4104F9B9EA
City Hobe Sound	State Zip Code FL 33455-2952	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer Self	Occupation Homemaker	Election Cycle-to-Date ▼ 1200.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Bernie Kahn		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address 1807 51st Street		Transaction ID: A2DC03AD322FA4ADA951
City Brooklyn	State Zip Code NY 11204-1514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer HASC	Occupation School Administrator	Election Cycle-to-Date ▼ 2400.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3600.00
TOTAL This Period (last page this line number only)	▶	76000.00

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

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

FOR LINE NUMBER: PAGE 21 / 77
(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)
Border Health Federal PAC

Mailing Address 1210 W Expressway 83
Suite 10

City State Zip Code
Pharr TX 78577

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: A51144024E06940BC8DE

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Nacpac-National Action

Mailing Address 601 Brickell Key Drive
Suite 801

City State Zip Code
Miami FL 33131

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: AB414D6C96D2D448D9A2

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Nacpac-National Action

Mailing Address 601 Brickell Key Drive
Suite 801

City State Zip Code
Miami FL 33131

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: A4FB5E87CFE474CCDABC

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 77
(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)
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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 1 0

Transaction ID: AE399E556F8A94030BC7

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Greenberg Traurig P.A. PAC

Mailing Address 1221 Brickell Avenue

City Miami State FL Zip Code 33131

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 1 0

Transaction ID: AE21A0D4B8889457DA81

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1100 Wilson Blvd
Suite 1500

City Arlington State VA Zip Code 22209-2297

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 1 0

Transaction ID: A759A4166C9634ABBBF2

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) American Crystal Sugar Co., PAC</p> <p>Mailing Address 101 North Third Street</p> <p>City State Zip Code Moorhead MN 56560</p> <p>FEC ID number of contributing federal political committee. C C00110338</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0</p> <p>Transaction ID: A301790FDB85844419C4</p> <p>Amount of Each Receipt this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) American Association for Justice AAJ PAC</p> <p>Mailing Address 1050 31st Street, NW</p> <p>City State Zip Code Washington DC 20007</p> <p>FEC ID number of contributing federal political committee. C C00024521</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0</p> <p>Transaction ID: A9275CA9D0C7C47CEBBE</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ASTRO PAC</p> <p>Mailing Address 12500 Fair Lakes Circle Suite 375</p> <p>City State Zip Code Fairfax VA 22033-3846</p> <p>FEC ID number of contributing federal political committee. C C00384602</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0</p> <p>Transaction ID: AD7853A36CFB94B98AF7</p> <p>Amount of Each Receipt this Period 1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 77
(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)
Napus PAC For Postmasters of the US
Mailing Address 8 Herbert Street

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2010
Transaction ID: AD4ECEA2360884279913
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Nacpac-National Action
Mailing Address 601 Brickell Key Drive Suite 801

City State Zip Code
Miami FL 33131

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2010
Transaction ID: AD62DA59584E8426DA80
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Drive Political Fund
Mailing Address 25 Louisiana Avenue NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2010
Transaction ID: A086F0E2DDCCF4195A5B
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Cablevision Systems Corp. PAC		Date of Receipt
	Mailing Address 1111 Stewart Avenue		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bethpage	NY	11714
	FEC ID number of contributing federal political committee.		Transaction ID: A514B6C0907D24182A82
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt
	Mailing Address PO Box 382110		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cambridge	MA	02238-2110
	FEC ID number of contributing federal political committee.		Transaction ID: AC17172F704AC49FBBFC
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="14.40"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="14.40"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) National Community Pharmacists NCPA PAC		Date of Receipt
	Mailing Address 205 Daingerfield Road		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22314-2833
	FEC ID number of contributing federal political committee.		Transaction ID: AAB200AEE740C40649E5
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2014.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 77
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Sugar Cane Growers Cooperative

Mailing Address PO Box 666

City Belle Glade State FL Zip Code 33430-0666

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: AEF53177EF897494299D
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
American Sugarbeet Growers

Mailing Address 1156 15th St Nw Suite 1101

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: AB1558B2B70FA4682810
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
American Federation State, County & Munic

Mailing Address AFSCME
1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: A0A06766424A44CE28FC
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 77
(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)
Minn-Dak Farmers Cooperative PAC

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075-9698

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2010
Transaction ID: A54C1A046504B46EFBB6
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Florida Sugar Cane League

Mailing Address 1301 Pennsylvania Ave., NW Suite 401

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2010
Transaction ID: A1A089CA2F27B417EA6A
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Internatl Brotherhood Electrical Workers - IBEW

Mailing Address 1125 15th St NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 30 / 2010
Transaction ID: A88387050E3B74D43863
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 77	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Engel for Congress

A.

Full Name (Last, First, Middle Initial) International Assoc. of Firefighters		Date of Receipt
Mailing Address 1750 New York Ave., NW		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20006-5305
FEC ID number of contributing federal political committee.		Transaction ID: AD4E4D2742F4A4B23AFA
<input type="text" value="C"/> C00029447		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For: 2010	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="32014.40"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Strategic Services</p> <p>Mailing Address 170 East Post Road Suite 2</p> <p>City White Plains State NY Zip Code 10601-4973</p> <p>Purpose of Disbursement Political consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B42BE909B7F2B49BDA82</p> <p>Date of Disbursement 01 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Erickson & Co</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement Fundraising consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8B3EF24B0B214D58B62</p> <p>Date of Disbursement 01 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 3882.54</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007-2141</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF1E0F9193ADA437C945</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 221.17</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6603.71

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007-2141</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B75161FBD83C04D1CABD</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 435.24</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007-2141</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0F5AACDB6C0E48ED822</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 144.13</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cablevision</p> <p>Mailing Address Story Avenue</p> <p>City Bronx State NY Zip Code 10458</p> <p>Purpose of Disbursement cable service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B06C7E94B42C64562B63</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 44.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

624.32

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) At&t Wireless Mailing Address Po Box 8220 City Aurora State IL Zip Code 60572-8220 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1F1F2DD653084474917 Date of Disbursement 01 / 20 / 2010 Amount of Each Disbursement this Period 232.60 Category/Type
B.	Full Name (Last, First, Middle Initial) Ben Franklin Democratic Club Mailing Address 304 West 231st Street City Bronx State NY Zip Code 10463-3805 Purpose of Disbursement membership Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1D9ABA0E8B164718A18 Date of Disbursement 01 / 26 / 2010 Amount of Each Disbursement this Period 275.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Mount Vernon Democratic Committee Mailing Address 1 Park Avenue City Mount Vernon State NY Zip Code 10550-2200 Purpose of Disbursement tickets and journal ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8EE2EF28E3F1404F8D1 Date of Disbursement 01 / 26 / 2010 Amount of Each Disbursement this Period 2250.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2757.60

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007-2141</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B50A4E256230F4CC788B</p> <p>Date of Disbursement 01 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 104.68</p>
<p>B. Full Name (Last, First, Middle Initial) Smith Barney Mastercard</p> <p>Mailing Address xxx</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement credit card: see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBE25A8C9DFA64EBF98C</p> <p>Date of Disbursement 01 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 356.12</p>
<p>C. Full Name (Last, First, Middle Initial) Strategic Services</p> <p>Mailing Address 170 East Post Road Suite 2</p> <p>City White Plains State NY Zip Code 10601-4973</p> <p>Purpose of Disbursement Political consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8D038F5DD5F24BB0B30</p> <p>Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2960.80

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial) Erickson & Co <hr/> Mailing Address 38 Ivy Street, SE <hr/> City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Fundraising consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC5C4B27B1DF9481A980 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 3566.29
B. Full Name (Last, First, Middle Initial) Strategic Services <hr/> Mailing Address 170 East Post Road Suite 2 <hr/> City White Plains State NY Zip Code 10601-4973 Purpose of Disbursement Reimbursement - Hotel & Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF7786133B8E844FF9AA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 240.86
C. Full Name (Last, First, Middle Initial) Astoria Graphics <hr/> Mailing Address Vesey Street <hr/> City New York State NY Zip Code 10007 Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5CCF8E81EDD44049AF7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2971.28

SUBTOTAL of Disbursements This Page (optional)	6778.43
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 35 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Lori Copland</p> <p>Mailing Address 3816 Review Place 3b Apt. 3b</p> <p>City Bronx State NY Zip Code 10463-2464</p> <p>Purpose of Disbursement computer work</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAOE3EEA3B6184D0FBF6</p> <p>Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 720.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007-2141</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBB08529D4DD1402EBCD</p> <p>Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 105.08</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Smith Barney Mastercard</p> <p>Mailing Address xxx</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement credit card: see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B14DAF04258574E83B5C</p> <p>Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 450.79</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1275.87

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Advocate of Monsey</p> <p>Mailing Address 22 Main Street</p> <p>City Monsey State NY Zip Code 10952-3794</p> <p>Purpose of Disbursement newspaper ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BF215F26775BD4D1EAE9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Riverdale Press</p> <p>Mailing Address 6155 Broadway</p> <p>City Bronx State NY Zip Code 10471</p> <p>Purpose of Disbursement newspaper ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B56F9357412334A92909</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Bronx County Historical Society</p> <p>Mailing Address 3309 Bainbridge Avenue</p> <p>City Bronx State NY Zip Code 10467-2850</p> <p>Purpose of Disbursement Journal ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BB98F29B409C945819DE</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="925.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Rockland County AOH</p> <p>Mailing Address Middletown Road</p> <p>City Pearl River State NY Zip Code 10965</p> <p>Purpose of Disbursement Journal ad and tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B76E8B19CF79D43AB995</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 550.00</p>
<p>B. Full Name (Last, First, Middle Initial) Morris Park Community Assoc.</p> <p>Mailing Address Morris Park Ave.</p> <p>City Bronx State NY Zip Code 10469</p> <p>Purpose of Disbursement Journal ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDCC8676492E540A6854</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C. Full Name (Last, First, Middle Initial) Westchester County Democratic Committee</p> <p>Mailing Address 170 East Post Road</p> <p>City White Plains State NY Zip Code 10601-4909</p> <p>Purpose of Disbursement tickets and journal ad</p> <p>Candidate Name Westchester County Democratic Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1EF92625D4354111837</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3150.00

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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Strategic Services Mailing Address 170 East Post Road Suite 2 City White Plains State NY Zip Code 10601-4973 Purpose of Disbursement Political consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B473F7A29A4F847D38E9 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Erickson & Co Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Fundraising consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B51E5952F766344C89F7 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010 Amount of Each Disbursement this Period 3570.08
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 327 City Newark State NJ Zip Code 07101-0327 Purpose of Disbursement credit card: see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B3ECABECD525F436CA8A Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010 Amount of Each Disbursement this Period 1545.86

SUBTOTAL of Disbursements This Page (optional) ▶

7615.94

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Cablevision Mailing Address Story Avenue City Bronx State NY Zip Code 10458 Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA3F60149E8E1420F8B0 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 89.90
B.	Full Name (Last, First, Middle Initial) At&t Wireless Mailing Address Po Box 8220 City Aurora State IL Zip Code 60572-8220 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA2903658786E4004851 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 286.73
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address 140 West Street City New York State NY Zip Code 10007-2141 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B662C2FBF32F44B559BC Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 71.88

SUBTOTAL of Disbursements This Page (optional) ▶

448.51

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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address 140 West Street City New York State NY Zip Code 10007-2141 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B47F346CBC5AC42F18FF Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010 Amount of Each Disbursement this Period 103.63
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address 140 West Street City New York State NY Zip Code 10007-2141 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB685394845964436A30 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010 Amount of Each Disbursement this Period 217.23
C.	Full Name (Last, First, Middle Initial) Westchester Jewish Conference Mailing Address 701 Westchester Avenue Suite 203E City White Plains State NY Zip Code 10604-3078 Purpose of Disbursement Journal ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF0DF8ECD01214C1D9DE Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2010 Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional) ▶	920.86
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement catering</p> <p>Candidate Name National Democratic Club</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BADF3C3D58D404DAE9E5</p> <p>Date of Disbursement</p> <p>03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>720.83</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement Membership</p> <p>Candidate Name National Democratic Club</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B154C8BAC0D5B47DCAB7</p> <p>Date of Disbursement</p> <p>03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>480.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007-2141</p> <p>Purpose of Disbursement phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BBB163C1188C44800902</p> <p>Date of Disbursement</p> <p>03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>106.61</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1307.44

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Williamsbridge NAACP</p> <p>Mailing Address 680 East 219th Street</p> <p>City Bronx State NY Zip Code 10467-5304</p> <p>Purpose of Disbursement Journal ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B202A301DC5174CA1ABB</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jewish War Veterans</p> <p>Mailing Address 3530 Henry Hudson Parkway</p> <p>City Bronx State NY Zip Code 10463-1306</p> <p>Purpose of Disbursement Journal ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6A8CC06B304343F0B24</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Lori Copland</p> <p>Mailing Address 3816 Review Place 3b Apt. 3b</p> <p>City Bronx State NY Zip Code 10463-2464</p> <p>Purpose of Disbursement toll & gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B310DBAEFD67842D8886</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 220.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

670.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Bronx Conservative Committee</p> <p>Mailing Address 1325 Bronx River Avenue</p> <p>City Bronx State NY Zip Code 10472-1126</p> <p>Purpose of Disbursement Tickets and journal ad</p> <p>Candidate Name Bronx Conservative Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7F2A42D02CF5442DB75</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jade Multi-Family Service Center</p> <p>Mailing Address Adee Avenue</p> <p>City Bronx State NY Zip Code 10468</p> <p>Purpose of Disbursement Journal ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFC79614FA6164FA28E7</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2337DF36C914409C852</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 49.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	620.00
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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) 1-800-Flowers	Transaction ID: BF029DF414D2D4D3C877 Date of Disbursement 03 / 05 / 2010
	Mailing Address One Old Country Road Suite 500	Amount of Each Disbursement this Period 105.82
	City Carle Place State NY Zip Code 11514-1847	
	Purpose of Disbursement shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Red Door Salon	Transaction ID: B07954B0AAF1D4BD1B4B Date of Disbursement 03 / 05 / 2010
	Mailing Address The Westchester	Amount of Each Disbursement this Period 212.00
	City White Plains State NY Zip Code 10601	
	Purpose of Disbursement campaign gift Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Columbia Florist	Transaction ID: B82FB61D277214184AD3 Date of Disbursement 03 / 05 / 2010
	Mailing Address 208 West 231st Street	Amount of Each Disbursement this Period 130.66
	City Bronx State NY Zip Code 10463-5302	
	Purpose of Disbursement flowers Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial) FreedomPay Mailing Address 565 E Swedesford Rd # 100 City Wayne State PA Zip Code 10987 Purpose of Disbursement lunch with constituents Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4D1F86D7BB484DD0B20 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 124.35 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Hunan Balcony Mailing Address 3511 Johnson Avenue City Bronx State NY Zip Code 10463-1602 Purpose of Disbursement lunch with consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B747234AFB4E4417DB86 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 39.75 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) 1-800-Flowers Mailing Address One Old Country Road Suite 500 City Carle Place State NY Zip Code 11514-1847 Purpose of Disbursement flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1288F4E526784BF7BB7 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 77.95 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B0FF18E2BECE0442C937
	Mailing Address Po Box 327	Date of Disbursement 03 / 05 / 2010
	City Newark State NJ Zip Code 07101-0327	Amount of Each Disbursement this Period 2508.77
	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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Blue Bay Diner	Transaction ID: B13AC7DB8478D40A6AD3
	Mailing Address 3533 Johnson Avenue	Date of Disbursement 03 / 05 / 2010
	City Bronx State NY Zip Code 10463-1602	Amount of Each Disbursement this Period 67.00
	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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) McCormick & Schmicks	Transaction ID: B1BA72D2C63C94AA19F0
	Mailing Address	Date of Disbursement 03 / 05 / 2010
	City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period 422.58
	Purpose of Disbursement fundraising dinner	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	2508.77
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Hunan Balcony Mailing Address 3511 Johnson Avenue City Bronx State NY Zip Code 10463-1602 Purpose of Disbursement dinner with contributor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B76C857790E084B78B82 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 88.25 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Pizza Bolis Mailing Address 417 8th St SE City Washington State DC Zip Code 20003 Purpose of Disbursement dinner with consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B21976F1CF48B4FBC932 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 125.40 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Turkam Inc. Mailing Address City Flushing State NY Zip Code Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBEA30FCFFC3F4EAB90F Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 46.78 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Liebman's Deli <hr/> Mailing Address 552 West 235th Street <hr/> City State Zip Code Bronx NY 10463-1709 <hr/> Purpose of Disbursement lunch with consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B32D84F6B6BBD4B0B922 Date of Disbursement 03 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 41.50 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 5680 Broadway <hr/> City State Zip Code Bronx NY 10463-4110 <hr/> Purpose of Disbursement campaign supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7E4ADE7594A84ED88FB Date of Disbursement 03 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 155.44 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Exxon Mobil Gas <hr/> Mailing Address Irwin Ave <hr/> City State Zip Code Bronx NY 10463 <hr/> Purpose of Disbursement gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6E5C49B4AAC74322808 Date of Disbursement 03 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 38.50 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Pizza Chef</p> <p>Mailing Address Johnson Avenue</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement lunch with volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB7E13A44929A46D9B3F</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 93.65</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Costco Wholesalers</p> <p>Mailing Address Stew Leonard Drive</p> <p>City Yonkers State NY Zip Code 10701</p> <p>Purpose of Disbursement campaign office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6EEC8087EA454BB493C</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 437.26</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Exxon Mobil Gas</p> <p>Mailing Address Irwin Ave</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE05C1F2EFB2F464F802</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 36.70</p> <p>[MEMO ITEM]</p>

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B20D31A27CC724350934</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 42.03</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B1078734611E147248A5</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 115.22</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Liebman's Deli</p> <p>Mailing Address 552 West 235th Street</p> <p>City Bronx State NY Zip Code 10463-1709</p> <p>Purpose of Disbursement dinner with consultants</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BA5891522472F4E0B809</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 80.77</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BJ's Wholesale</p> <p>Mailing Address 124 Sunset Blvd</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement campaign supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1D5761B0300B4444894</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 350.35</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Po Box 327</p> <p>City Newark State NJ Zip Code 07101-0327</p> <p>Purpose of Disbursement credit card: see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBA8713107E174E03B64</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1948.54</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas and oil change</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD9FA26EEF2E74917BDD</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 61.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2009.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B5CC09C5440CC4C738EA</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 31.50</p>
<p>B. Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BC353BB639B20454F980</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 42.76</p>
<p>C. Full Name (Last, First, Middle Initial) Pizza Chef</p> <p>Mailing Address Johnson Avenue</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement lunch for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BE4241CCEEE474F30B5D</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 45.40</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

74.26

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BADA044A4596A4CC7A2F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 37.03</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Exxon Mobil Gas</p> <p>Mailing Address Irwin Ave</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0989E520A9594F2D81C</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 39.58</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Costco Wholesalers</p> <p>Mailing Address Stew Leonard Drive</p> <p>City Yonkers State NY Zip Code 10701</p> <p>Purpose of Disbursement food for campaign event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B79CF4F420CFD4E9D82D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 367.57</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BJ's Wholesale</p> <p>Mailing Address 124 Sunset Blvd</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement Campaign office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B1058C19C805743868B2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="503.26"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Blue Bay Diner</p> <p>Mailing Address 3533 Johnson Avenue</p> <p>City Bronx State NY Zip Code 10463-1602</p> <p>Purpose of Disbursement dinner with contributor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B6F89B0BA0640419EAE5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.51"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address West 230th & Irwin Ave.</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BEA19A7B2C3D84ED9B82</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.77"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Pizza Chef	Transaction ID: B96B0B6B925E64CBF804
	Mailing Address Johnson Avenue	Date of Disbursement 01 / 05 / 2010
	City Bronx State NY Zip Code 10463	Amount of Each Disbursement this Period 48.60
	Purpose of Disbursement lunch for volunteers	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Sunoco	Transaction ID: B27D37F14B9C44BDDB8E
	Mailing Address Xxx	Date of Disbursement 01 / 05 / 2010
	City Cranberry State NJ Zip Code 00000	Amount of Each Disbursement this Period 44.55
	Purpose of Disbursement gas	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Blue Bay Diner	Transaction ID: B3518D9EBE5C34F8982F
	Mailing Address 3533 Johnson Avenue	Date of Disbursement 01 / 05 / 2010
	City Bronx State NY Zip Code 10463-1602	Amount of Each Disbursement this Period 35.15
	Purpose of Disbursement dinner with consultant	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial) Hunan Balcony Mailing Address 3511 Johnson Avenue City Bronx State NY Zip Code 10463-1602 Purpose of Disbursement Dinner with contributors Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCFE75CC221F14CA9857 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 78.35 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 327 City Newark State NJ Zip Code 07101-0327 Purpose of Disbursement credit card: see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE8816D5BAB864EE7ADE Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 6799.29

C. Full Name (Last, First, Middle Initial) USAir Mailing Address Laguardia Airport City Queens State NY Zip Code 11371 Purpose of Disbursement airline ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFFF0515E29054DC7AAB Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 429.20 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	6799.29
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Blue Bay Diner</p> <p>Mailing Address 3533 Johnson Avenue</p> <p>City Bronx State NY Zip Code 10463-1602</p> <p>Purpose of Disbursement dinner with consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDECF5B96F3BD4816A1F</p> <p>Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 39.50</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Laganardia Airport</p> <p>City Queens State NY Zip Code 11371</p> <p>Purpose of Disbursement airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC2B253C7A73B40D1BA8</p> <p>Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 409.20</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Laganardia Airport</p> <p>City Queens State NY Zip Code 11371</p> <p>Purpose of Disbursement airline tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B89D56458FA13449F8EA</p> <p>Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 778.40</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Blue Bay Diner	Transaction ID: B2BDF3799252A47BE9EC
	Mailing Address 3533 Johnson Avenue	Date of Disbursement 01 / 29 / 2010
	City Bronx State NY Zip Code 10463-1602	Amount of Each Disbursement this Period 48.71
	Purpose of Disbursement lunch with consultants	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) House Gift Shop	Transaction ID: BAA2D8906AE534A5586B
	Mailing Address Longworth Bldg	Date of Disbursement 01 / 29 / 2010
	City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period 209.56
	Purpose of Disbursement campaign gifts	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Blue Bay Diner	Transaction ID: BAE65853A8F104F84B6B
	Mailing Address 3533 Johnson Avenue	Date of Disbursement 01 / 29 / 2010
	City Bronx State NY Zip Code 10463-1602	Amount of Each Disbursement this Period 35.58
	Purpose of Disbursement lunch with consultant	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Pittman & Davis Mailing Address 801 North Expressway 77 City Harlingen State TX Zip Code 78552-5105 Purpose of Disbursement campaign gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BA7A608BAE5A640758FE Date of Disbursement 01 / 29 / 2010 Amount of Each Disbursement this Period 3954.60 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address 140 West Street City New York State NY Zip Code 10007-2141 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B15F166058BE441C4911 Date of Disbursement 01 / 29 / 2010 Amount of Each Disbursement this Period 72.50 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 327 City Newark State NJ Zip Code 07101-0327 Purpose of Disbursement credit card: see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B59C5C11AAC414BCEAB0 Date of Disbursement 02 / 16 / 2010 Amount of Each Disbursement this Period 1926.36

SUBTOTAL of Disbursements This Page (optional) ▶

1926.36

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) EZ Pass Mailing Address 750 McLean Avenue City Yonkers State NY Zip Code 10704-3842 Purpose of Disbursement tolls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3522D3095DC54EA8A47 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0 Amount of Each Disbursement this Period 75.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hollywood Diner Mailing Address 895 Rockville Pike City Rockville State MD Zip Code 20852-1234 Purpose of Disbursement lunch with consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA48BBDAEDBF2481A998 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0 Amount of Each Disbursement this Period 39.56 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) USAir Mailing Address Laguardia Airport City Queens State NY Zip Code 11371 Purpose of Disbursement airline tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B56AF67BFF876432BB5C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0 Amount of Each Disbursement this Period 284.60 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Shell Oil Mailing Address Broadway City Nyack State NY Zip Code 10960 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8D4EFF8578934A3E997 Date of Disbursement 02 / 16 / 2010 Amount of Each Disbursement this Period 50.66 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Online Subscriptions Barrons Mailing Address xxx City Newark State NJ Zip Code Purpose of Disbursement annual subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1C718AF072ED4DEE952 Date of Disbursement 02 / 16 / 2010 Amount of Each Disbursement this Period 166.76 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address 140 West Street City New York State NY Zip Code 10007-2141 Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8682179F24F64E00A7A Date of Disbursement 02 / 16 / 2010 Amount of Each Disbursement this Period 72.73 [MEMO ITEM]

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Target	Transaction ID: B4FEC601F8ABD40B29A5
	Mailing Address West 225th street	Date of Disbursement 02 / 16 / 2010
	City Bronx State NY Zip Code 10463	Amount of Each Disbursement this Period 147.33
	Purpose of Disbursement campaign supplies Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: B96458F0746754BA5A16
	Mailing Address Broadway	Date of Disbursement 02 / 16 / 2010
	City Nyack State NY Zip Code 10960	Amount of Each Disbursement this Period 28.01
	Purpose of Disbursement gas Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Silver Diner	Transaction ID: BF46AED352FA44079B6D
	Mailing Address 11806 Rockville Pike	Date of Disbursement 02 / 16 / 2010
	City Rockville State MD Zip Code 20852-2705	Amount of Each Disbursement this Period 39.02
	Purpose of Disbursement lunch with consultant Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 327 City Newark State NJ Zip Code 07101-0327 Purpose of Disbursement Credit card: See below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDC813820460C489FB67 Date of Disbursement 02 / 04 / 2010 Amount of Each Disbursement this Period 3369.86 Category/ Type
B.	Full Name (Last, First, Middle Initial) Costco Wholesalers Mailing Address Stew Leonard Drive City Yonkers State NY Zip Code 10701 Purpose of Disbursement campaign office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC8AE18DD90854AEBBDE Date of Disbursement 02 / 04 / 2010 Amount of Each Disbursement this Period 105.99 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Best Buy Co. Mailing Address 2458 Central Park Avenue City Yonkers State NY Zip Code 10710-1125 Purpose of Disbursement campaign office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B349ADAA117654970BE0 Date of Disbursement 02 / 04 / 2010 Amount of Each Disbursement this Period 139.99 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3369.86

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Jack's Oyster House</p> <p>Mailing Address 42 State Street</p> <p>City Albany State NY Zip Code 12207</p> <p>Purpose of Disbursement Dinner with contributors</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B36F1815DAB204FCF8BD</p> <p>Date of Disbursement MM / DD / YYYY 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 253.35</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Marriott Hotel</p> <p>Mailing Address</p> <p>City Bethesda State MD Zip Code</p> <p>Purpose of Disbursement lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5169983152604C4FB82</p> <p>Date of Disbursement MM / DD / YYYY 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 891.62</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Turkam Inc.</p> <p>Mailing Address</p> <p>City Flushing State NY Zip Code</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDB4F4B5329E74E2A827</p> <p>Date of Disbursement MM / DD / YYYY 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 52.50</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) Pizza Chef <hr/> Mailing Address Johnson Avenue <hr/> City Bronx State NY Zip Code 10463 <hr/> Purpose of Disbursement dinner with consultants Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B22770AFB90E44843BA6 Date of Disbursement 02 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 85.50 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sun Corners Inc. <hr/> Mailing Address West 230th & Irwin Ave. <hr/> City Bronx State NY Zip Code 10463 <hr/> Purpose of Disbursement gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B030557CEEED4905953 Date of Disbursement 02 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 47.04 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Pizza Chef <hr/> Mailing Address Johnson Avenue <hr/> City Bronx State NY Zip Code 10463 <hr/> Purpose of Disbursement lunch with consultants Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B69F0268BBF2C4AADA59 Date of Disbursement 02 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 55.00 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Turkam Inc.</p> <p>Mailing Address</p> <p>City: Flushing State: NY Zip Code</p> <p>Purpose of Disbursement: gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9554671C4AAA43D8AF9</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 44.25</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Blue Bay Diner</p> <p>Mailing Address: 3533 Johnson Avenue</p> <p>City: Bronx State: NY Zip Code: 10463-1602</p> <p>Purpose of Disbursement: dinner with consultants</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BABC1E641D39B4D009BA</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 75.40</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Corners Inc.</p> <p>Mailing Address: West 230th & Irwin Ave.</p> <p>City: Bronx State: NY Zip Code: 10463</p> <p>Purpose of Disbursement: gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B809F5BAB5247423CB6A</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 32.70</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Exxon Mobil Gas</p> <p>Mailing Address Irwin Ave</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B872D501C5FD14F4987E</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 48.63</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Exxon Mobil Gas</p> <p>Mailing Address Irwin Ave</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9514270C47354B4C827</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 50.60</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Exxon Mobil Gas</p> <p>Mailing Address Irwin Ave</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA9BB21886E8C4E92A45</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 40.70</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.	Full Name (Last, First, Middle Initial) John Hall for Congress Mailing Address PO Box 377 City Dover Plains State NY Zip Code 12522 Purpose of Disbursement Contribution to NY19 Candidate Name John Hall for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC4807FB0915F488AA12 Date of Disbursement 03 / 24 / 2010 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei Mailing Address PO Box 74 City Syracuse State NY Zip Code 13214-0074 Purpose of Disbursement Contribution to NY25 Candidate Name Friends of Dan Maffei Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B83E4346B5C364ED68AA Date of Disbursement 03 / 24 / 2010 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Peters for Congress Mailing Address PO Box 226 City Bloomfield Hills State MI Zip Code 48303 Purpose of Disbursement Contribution to MI09 Candidate Name Peters for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B17CD2A77BCC449B2B3D Date of Disbursement 03 / 24 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) Scott Murphy for Congress</p> <p>Mailing Address 3 Warner Street</p> <p>City Glen Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement Contribution to NY20</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B419A45644D1D43EFA49</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Chuck Lesnick</p> <p>Mailing Address PO Box 16</p> <p>City Yonkers State NY Zip Code 10702</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B408742B615CC472BAC4</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Andrea Stewart Cousins</p> <p>Mailing Address 293 North Broadway</p> <p>City Yonkers State NY Zip Code 10701</p> <p>Purpose of Disbursement Non-Federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B55DF10B6F28D4575B3A</p> <p>Date of Disbursement 01 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

<p>A. Full Name (Last, First, Middle Initial) McMahon for Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301-2205</p> <p>Purpose of Disbursement Contribution to NY13</p> <p>Candidate Name McMahon for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B21258E9E2F174B1B8C8</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Markey for Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80522</p> <p>Purpose of Disbursement Contribution to CO04</p> <p>Candidate Name Markey for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B4D0E046416B94835B80</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Owens for Congress</p> <p>Mailing Address PO Box 1575</p> <p>City Plattsburgh State NY Zip Code 12901</p> <p>Purpose of Disbursement Contribution to NY23</p> <p>Candidate Name Bill Owens for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B8F8CCF5A8A2944DD922</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial) Alan Mollohan for Congress <hr/> Mailing Address PO Box 1343 <hr/> City Fairmont State WV Zip Code 26555 <hr/> Purpose of Disbursement Contribution for WV01 Candidate Name Alan Mollohan for Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5867F4843B224386A60 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) Gifford for Congress <hr/> Mailing Address PO Box 27565 <hr/> City Tuscon State AZ Zip Code 85726 <hr/> Purpose of Disbursement Contribution AZ08 Candidate Name Gifford for Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4C1CBA33F3D5408694B Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Schauer for Congress <hr/> Mailing Address PO Box 100 <hr/> City Battle Creek State MI Zip Code 49016 <hr/> Purpose of Disbursement Contribution to MI07 Candidate Name Schauer for Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1819A846021B4C218CC Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

10750.00