

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 500
 Check if different than previously reported. (ACC) GLENS FALLS NY 12801

2. **FEC IDENTIFICATION NUMBER** ▼ C00547893 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
NY 21

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2015 through 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer James E. Morris
Signature of Treasurer James E. Morris [Electronically Filed] Date M M / D D / Y Y Y Y
04 / 15 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Elise for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	305937.74	324949.74
(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)).....	305937.74	324949.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	69246.46	226042.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	712.59	10612.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68533.87	215430.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	260049.06	
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).....	59383.35	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Elise for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	144735.79	146260.79
(ii) Unitemized.....	10132.00	11119.00
(iii) TOTAL of contributions from individuals ▶	154867.79	157379.79
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	151069.95	167569.95
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	305937.74	324949.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	87.48	908.54
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.)	712.59	10612.59
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)..... ▶	306737.81	336470.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69246.46	226042.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	35000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	35000.00
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	0.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	69246.46	262042.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	22557.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	306737.81
25. SUBTOTAL (add Line 23 and Line 24).....	329295.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69246.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	260049.06

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

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

FOR LINE NUMBER: PAGE 5 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER J. ABELE

Mailing Address **14 BEDFORD CIRCLE**

City **MECHANICVILLE** State **NY** Zip Code **12118-3445**

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

Name of Employer **ABELE BUILDERS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.5071

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. CARLOS A. QUINONES ALFONSO

Mailing Address **P.O. BOX 19538**

City **SAN JUAN** State **PR** Zip Code **00910-1538**

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

Name of Employer **DEWEY UNIVERSITY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4856

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WALLACE W. ALLERDICE JR.

Mailing Address **150 EXCELSIOR AVE.**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866-8550**

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

Name of Employer **ALLERDICE BUILDING SUPPLY, INC.** Occupation **OWNER/ PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11.5016

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
REBECCA L. ANDERSON

Mailing Address **3525 S 17TH STREET**

City **ARLINGTON** State **VA** Zip Code **22204-5003**

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

Name of Employer **ALIGNMENT GOVERNMENT STRATEGIES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.5004

Amount of Each Receipt this Period
500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
BARBARA M. BARRETT

Mailing Address **4617 E. OCOTILLO ROAD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-4032**

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

Name of Employer **TRIPLE CREEK RANCH** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

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

Transaction ID : SA11.5032

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

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

Mailing Address **4617 E. OCOTILLO ROAD**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-4032**

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

Name of Employer **TRIPLE CREEK RANCH** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

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

Transaction ID : SA11.5032B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
BARBARA M. BARRETT

Mailing Address 4617 E. OCOTILLO ROAD

City State Zip Code
PARADISE VALLEY AZ 85253-4032

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

Name of Employer Occupation
TRIPLE CREEK RANCH CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

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

Transaction ID : SA11.5057

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 18 INGERSOLL ROAD

City State Zip Code
SARATOGA SPRINGS NY 12866-5317

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

Name of Employer Occupation
BEHAN COMMUNICATIONS INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5015

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 429 NORTH ROAD

City State Zip Code
GREENWICH NY 12834-2827

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

Name of Employer Occupation
KING ARTHUR FLOUR SVP/GM

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5049

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ALEX BLYUMKIN

Mailing Address 1714 STONE CANYON RD

City State Zip Code
LOS ANGELES CA 90077-1915

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

Name of Employer Occupation
NEW FUELS CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4888

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 3050 UNIVERSITY TERRACE NW

City State Zip Code
WASHINGTON DC 20016-3463

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

Name of Employer Occupation
ROCK CREEK GLOBAL ADVISORS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015

Transaction ID : SA11.4783

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 509 ROUTE 67

City State Zip Code
MATLA NY 12020-

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

Name of Employer Occupation
BURKE COMPANIES REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11.5017

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

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

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

1900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JOSE B. CARRION-RIBERT

Mailing Address P.O. BOX 195556

City SAN JUAN State PR Zip Code 00919-5556

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

Name of Employer HUB, LLC INC. Occupation INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4850

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OSCAR QUILES CASIMIRO

Mailing Address P.O. BOX 1137

City SABANA GRANDE State PR Zip Code 00637-1137

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

Name of Employer PENTAG MANUFACTURING CORP. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4857

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 601 PRESIDENT FORD LANE

City ALEXANDRIA State VA Zip Code 22302-3033

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

Name of Employer FIERCE, ISAKOWITZ & BLALOCK Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5037

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER COX

Mailing Address 2205 WINDSOR RD

City State Zip Code
ALEXANDRIA VA 22307-1019

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

Name of Employer Occupation
NAVIGATORS GLOBAL FOUNDRING PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5054

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 31742 CONTIJO WAY

City State Zip Code
COTO DE CAZA CA 92679-3614

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11.4807

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMY JENSEN CUNIFFE

Mailing Address 7715 CROSSOVER DRIVE

City State Zip Code
MCLEAN VA 22102-2507

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

Name of Employer Occupation
OAK HEALTH STRATEGIES LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5012

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MR. MARK E. CURRY

Mailing Address **9 SOL STREET OLD SAN JUAN**

City **SAN JUAN** State **PR** Zip Code **00901-1312**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11.4955

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS E. D'AMBRA PH.D.

Mailing Address **370 RIVERVIEW RD.**

City **REXFORD** State **NY** Zip Code **12148-1428**

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

Name of Employer **ALBANY MOLECULAR RESEARCH** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

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

Transaction ID : SA11.4943

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY C. DAKE

Mailing Address **87 RAILROAD PL, APT. 407**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866-2144**

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

Name of Employer **STEWART'S SHOPS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.4940

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ZORAIDA F. DE FONALLEDAS

Mailing Address **PO BOX 364249**

City **SAN JUAN** State **PR** Zip Code **00936-4249**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4849

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAFAEL PEREZ DIEZ

Mailing Address **PO BOX 190525**

City **SAN JUAN** State **PR** Zip Code **00919-0525**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4860

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **26 WEST DEL RAY AVE**

City **ALEXANDRIA** State **VA** Zip Code **22301-1524**

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

Name of Employer **ALTRIA** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.5055

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address **2 CROWN POINT**

City **BALLSTON LAKE** State **NY** Zip Code **12019-1500**

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

Name of Employer **NYS WORKERS COMP BOARD** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.4938

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **1221 G STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002-4423**

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

Name of Employer **THE ROOSEVELT GROUP** Occupation **SENIOR ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11.4909

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **186 PARK STREET**

City **NEWTON** State **MA** Zip Code **02458-2044**

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

Name of Employer **WATER REV, LLC** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2015

Transaction ID : SA11.4899

Amount of Each Receipt this Period
5400.00
 CONTRIBUTION

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

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

6150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CYNTHIA FISHER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2015	
Mailing Address 186 PARK STREET		Transaction ID : SA11.4899B	
City NEWTON	State MA	Zip Code 02458-2044	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00	
Name of Employer WATER REV, LLC	Occupation MANAGING DIRECTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) B. CYNTHIA FISHER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2015	
Mailing Address 186 PARK STREET		Transaction ID : SA11.4911	
City NEWTON	State MA	Zip Code 02458-2044	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer WATER REV, LLC	Occupation MANAGING DIRECTOR		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) C. KEVIN FITZPATRICK		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2015	
Mailing Address 624 EAGLE WATCH LANE		Transaction ID : SA11.4780	
City OSPREY	State FL	Zip Code 34229-9326	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 624 EAGLE WATCH LANE

City OSPREY State FL Zip Code 34229-9326

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2015

Transaction ID : SA11.4781

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID M. FLAUM

Mailing Address 220 SANDRINGHAM ROAD

City ROCHESTER State NY Zip Code 14610-3458

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

Name of Employer FLAUM MANAGEMENT COMPANY Occupation REDEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4942

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDUARDO EMANUELLI FONALLEDAS

Mailing Address 2 CALLE TAFT APT 11A

City SAN JUAN State PR Zip Code 00911-1284

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4859

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MR. JUAN Y. FORSTER

Mailing Address 12245 CIRCLA PANORAMA

City SANTA ANA State CA Zip Code 92705-1376

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4992

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HERNAN R. FRANCO

Mailing Address COND. PLAYABLANCA APT. 901

City CAROLINA State PR Zip Code 00979-

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY AT LAW

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4848

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1 MAULCHY

City IRVINE State CA Zip Code 92618-

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

Name of Employer AUCTION.COM Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11.4890

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JOSE FUENTES

Mailing Address 750 9TH ST NW SUITE 750

City WASHINGTON State DC Zip Code 20001-4589

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

Name of Employer EASTPORT STRATEGIES LLC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4847

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEROME L. GARFFER-CROLY

Mailing Address 1126 MARBELLA

City CAROLINA State PR Zip Code 00983-1577

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4854

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 11 PARKER TERRACE

City NEWTON State MA Zip Code 02459-2723

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

Name of Employer FIRST MARBLEHEAD Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11.4907

Amount of Each Receipt this Period
 5400.00

CONTRIBUTION

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

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

6900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SETH GELBER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2015
Mailing Address 11 PARKER TERRACE		Transaction ID : SA11.4907B
City NEWTON	State Zip Code MA 02459-2723	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="-2700.00"/>
Name of Employer FIRST MARBLEHEAD	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="5400.00"/>	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) B. SETH GELBER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2015
Mailing Address 11 PARKER TERRACE		Transaction ID : SA11.4923
City NEWTON	State Zip Code MA 02459-2723	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2700.00"/>
Name of Employer FIRST MARBLEHEAD	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="5400.00"/>	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) C. JOHN GOLDEN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015
Mailing Address 7071 HORTON RD		Transaction ID : SA11.4808
City HAMILTON	State Zip Code NY 13346-2323	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2700.00"/>
Name of Employer JOHNMA. GOLDEN ASSOCIATES,INC	Occupation INVESTMENTS	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="2700.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2700.00"/>
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: (check only one)	PAGE 19 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CARLOS ROMAN GONZALEZ

Mailing Address **PO BOX 116**

City **AGUADILLA** State **PR** Zip Code **00605-0116**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4855

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **1302 PONCE DE LEON**

City **SAN JUAN** State **PR** Zip Code **00907-3982**

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

Name of Employer **SELF EMPLOYED** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4879

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **118 LAWSON LAKE ROAD**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 10 / 2015

Transaction ID : SA11.4811

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MEGAN HAUCK

Mailing Address 133 DUDDINGTON PLACE SE

City WASHINGTON State DC Zip Code 20003-2625

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

Name of Employer NATHANSON+HAUCK Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.4924

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CLAIRE A. HENSLER

Mailing Address 125 MANNIS RD.

City QUEENSBURY State NY Zip Code 12804-1365

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

Name of Employer NORTH COUNTRY ENT Occupation OFFICE MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5023

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID W. HOBBS

Mailing Address 300 NEW JERSEY AVE NW

City WASHINGTON State DC Zip Code 20001-2030

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

Name of Employer THE HOBBS GROUP Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5014

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 17220 MACDUFF AVENUE

City State Zip Code
OLNEY MD 20832-2958

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

Name of Employer Occupation
US CHAMBER OF COMMERCE LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11.4958

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 5600 SUNSET LN

City State Zip Code
INDIANAPOLIS IN 46228-1446

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

Name of Employer Occupation
E&A INDUSTRIES INC. CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

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

Transaction ID : SA11.4799

Amount of Each Receipt this Period
 5400.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALLAN B. HUBBARD

Mailing Address 5600 SUNSET LN

City State Zip Code
INDIANAPOLIS IN 46228-1446

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

Name of Employer Occupation
E&A INDUSTRIES INC. CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2015

Transaction ID : SA11.4799B

Amount of Each Receipt this Period
 -2700.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. ALLAN B. HUBBARD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2015	
Mailing Address 5600 SUNSET LN		Transaction ID : SA11.4917	
City INDIANAPOLIS	State IN	Zip Code 46228-1446	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer E&A INDUSTRIES INC.	Occupation CHAIRMAN		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) B. KATHRYN F. HUBBARD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2015	
Mailing Address 5600 SUNSET LANE		Transaction ID : SA11.4800	
City INDIANAPOLIS	State IN	Zip Code 46228-1446	Amount of Each Receipt this Period 5400.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer E&A INDUSTRIES	Occupation SALES/MARKETING		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) C. KATHRYN F. HUBBARD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2015	
Mailing Address 5600 SUNSET LANE		Transaction ID : SA11.4800B	
City INDIANAPOLIS	State IN	Zip Code 46228-1446	Amount of Each Receipt this Period -2700.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer E&A INDUSTRIES	Occupation SALES/MARKETING		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
KATHRYN F. HUBBARD

Mailing Address 5600 SUNSET LANE

City State Zip Code
INDIANAPOLIS IN 46228-1446

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

Name of Employer Occupation
E&A INDUSTRIES SALES/MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.4919

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 15 CLAREMONT AVE #63

City State Zip Code
NEW YORK NY 10027-6809

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11.4794

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

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

Mailing Address 6 ROLLING BROOK DRIVE

City State Zip Code
SARATOGA SPRINGS NY 12866-6438

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

Name of Employer Occupation
SELF MARKETING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11.4952

Amount of Each Receipt this Period
400.00

CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS JONES

Mailing Address 3507 BROADRUN DR.

City State Zip Code
FAIRFAX VA 22033-2164

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

Name of Employer Occupation
FERGUSON STRATEGIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.4936

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. G. BRADFORD JONES

Mailing Address 11150 SANTA MONICA BLVD #1200

City State Zip Code
LOS ANGELES CA 90025-3386

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

Name of Employer Occupation
REDPOINT VENTURES VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5039

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 211 N. MAIN STREET

City State Zip Code
MECHANICVILLE NY 12118-1214

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

Name of Employer Occupation
DECRESCENTE DISTRIBUTING COMPANY CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5042

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NIKAN KHATIBI

Mailing Address 22805 CHANNEL VIEW

City LAGUNA NIGUEL State CA Zip Code 92677-5416

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4884

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 624 NORTH RODEO DRIVE

City BEVERLY HILLS State CA Zip Code 90210-3208

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

Name of Employer FISCH PROPERTIES Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015

Transaction ID : SA11.4892

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 9560 HUNTINGTON LANE

City INDIANAPOLIS State IN Zip Code 46260-6076

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11.4817

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JUAN A. LARREA

Mailing Address **SARCO PO BOX 360597**

City **SAN JUAN** State **PR** Zip Code **00936-0597**

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

Name of Employer **SELF-EMPLOYED** Occupation **RESTAURANT BUSINESS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4881

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUAN A. LARREA

Mailing Address **SARCO PO BOX 360597**

City **SAN JUAN** State **PR** Zip Code **00936-0597**

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

Name of Employer **SELF-EMPLOYED** Occupation **RESTAURANT BUSINESS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4881B

Amount of Each Receipt this Period
-300.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

C. Full Name (Last, First, Middle Initial)
MARIA PILAR TAMARA-LARREA

Mailing Address **SARCO PO BOX 360597**

City **SAN JUAN** State **PR** Zip Code **00936-0597**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4882

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NORMAN F. LENT III

Mailing Address **3529 MALVERN COURT**

City **ALEXANDRIA** State **VA** Zip Code **22304-1852**

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

Name of Employer **ARENT FOX LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.4769

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **7378 LOS BRAZOS**

City **SAN DIEGO** State **CA** Zip Code **92127-3853**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : SA11.4818

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **2020 12TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20009-7573**

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

Name of Employer **POLICY INTEGRATION PARTNERS LLC** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.4822

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL T. LUCAS

Mailing Address **2116 BALBOA AVE**

City **DEL MAR** State **CA** Zip Code **92014-2205**

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

Name of Employer **FREQUENTY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4991

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARIA M. MARQUES DE PICINONI

Mailing Address **101 AVE OTEGON, APT. 702**

City **GUAYNABO** State **PR** Zip Code **00966-2528**

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

Name of Employer **SECURE ADVISORS, LLC** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4851

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAFAEL GUILLERMETY MATIENZO

Mailing Address **CALLE BUCARE #8**

City **SAN JUAN** State **PR** Zip Code **00913-4623**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4861

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
DANIELLE MAURER

Mailing Address 5040 36TH ST N

City ARLINGTON State VA Zip Code 22207-2947

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

Name of Employer FIERCE GOVERNMENT RELATIONS Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11.4960

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 5101 US AVE

City PLATTSBURGH State NY Zip Code 12901-3888

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

Name of Employer BILL MCBRIDE CHEVROLET INC Occupation DEALER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2015

Transaction ID : SA11.4966

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

Mailing Address 6400 RIDGE DRIVE

City BETHESDA State MD Zip Code 20816-2638

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

Name of Employer THE FIRST GROUP Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5051

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
STEPHEN MCMILLIN

Mailing Address 8423 SULKY CT

City State Zip Code
ALEXANDRIA VA 22308-2254

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

Name of Employer Occupation
GRAMM PARTNERS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11.4914

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

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

Mailing Address 8423 SULKY CT

City State Zip Code
ALEXANDRIA VA 22308-2254

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

Name of Employer Occupation
GRAMM PARTNERS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.4914B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 8423 SULKY CT

City State Zip Code
ALEXANDRIA VA 22308-2254

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

Name of Employer Occupation
GRAMM PARTNERS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.4921

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
RAFAEL RODRIGUEZ MERCADO

Mailing Address **PO BOX 363185**

City **SAN JUAN** State **PR** Zip Code **00936-3185**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4853

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAN P. MEYER

Mailing Address **2506 DUXBURY PL**

City **ALEXANDRIA** State **VA** Zip Code **22308-2138**

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

Name of Employer **THE DUBERSTEIN GROUP INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.5008

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **3911 SHEARWATER DRIVE**

City **JUPITER** State **FL** Zip Code **33477-2303**

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

Name of Employer **T MINA SUPPLY** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : SA11.4812

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address **845 GAGE DRIVE**

City **SAN DIEGO** State **CA** Zip Code **92106-2937**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4889

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **211 WEST JEFFERSON STREET**

City **SYRACUSE** State **NY** Zip Code **13202-2455**

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

Name of Employer **ERIC MOWER + ASSOCIATES** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : SA11.4779

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **1234 E. 17TH STREET**

City **SANTA ANA** State **CA** Zip Code **92701-2612**

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

Name of Employer **RED MOUNTAIN GROUP** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2015

Transaction ID : SA11.4898

Amount of Each Receipt this Period
8000.00
 CONTRIBUTION

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

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

9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1234 E. 17TH STREET

City SANTA ANA State CA Zip Code 92701-2612

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

Name of Employer RED MOUNTAIN GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015

Transaction ID : SA11.4898B

Amount of Each Receipt this Period
 -2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 1234 E. 17TH STREET

City SANTA ANA State CA Zip Code 92701-2612

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

Name of Employer RED MOUNTAIN GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015

Transaction ID : SA11.4902B

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL 2014

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

Mailing Address 1234 E. 17TH STREET

City SANTA ANA State CA Zip Code 92701-2612

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

Name of Employer RED MOUNTAIN GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015

Transaction ID : SA11.4903

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1234 E. 17TH STREET

City SANTA ANA State CA Zip Code 92701-2612

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

Name of Employer RED MOUNTAIN GROUP Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015

Transaction ID : SA11.4905

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
2014 GENERAL DEBT RETIREMENT REDESIGNATION FROM PRIMARY

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

Mailing Address 10 MARION PLACE

City MILLWOOD State NY Zip Code 10546-1135

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

Name of Employer FITZPATRICK CELLA HARPER & SCINTO Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11.4963

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FREDERICK G. NATALE

Mailing Address 341 COUNTY RT. 28

City GRANVILLE State NY Zip Code 12832-4411

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

Name of Employer NBT BANK Occupation PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11.4964

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MR. BARRY S. NUSSBAUM

Mailing Address 990 HIGHLAND DR
SUITE 203

City SOLANA BEACH State CA Zip Code 92075-2427

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

Name of Employer BNC REAL ESTATE Occupation REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4988

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 446 STURGES ROAD

City FAIRFIELD State CT Zip Code 06824-2851

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

Name of Employer ADS VENTURES Occupation SR. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11.4908

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 7234 LANCASTER PIKE SUITE 300A

City HOCKESSIN State DE Zip Code 19707-8743

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

Name of Employer BRANDYWINE TRUST GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4866

Amount of Each Receipt this Period
 5400.00
 CONTRIBUTION

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

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

7650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 7234 LANCASTER PIKE SUITE 300A

City HOCKESSIN	State DE	Zip Code 19707-8743
-------------------	-------------	------------------------

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

Name of Employer BRANDYWINE TRUST GROUP	Occupation CEO
--	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2015

Transaction ID : SA11.4866B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 7234 LANCASTER PIKE SUITE 300A

City HOCKESSIN	State DE	Zip Code 19707-8743
-------------------	-------------	------------------------

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

Name of Employer BRANDYWINE TRUST GROUP	Occupation CEO
--	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2015

Transaction ID : SA11.4873

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 7234 LANCASTER PIKE SUITE 300A

City HOCKESSIN	State DE	Zip Code 19707-8743
-------------------	-------------	------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2015

Transaction ID : SA11.4867

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MARIA PATTERSON

Mailing Address 7234 LANCASTER PIKE SUITE 300A

City HOCKESSIN	State DE	Zip Code 19707-8743
-------------------	-------------	------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2015

Transaction ID : SA11.4867B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 7234 LANCASTER PIKE SUITE 300A

City HOCKESSIN	State DE	Zip Code 19707-8743
-------------------	-------------	------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2015

Transaction ID : SA11.4875

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. ANDREW F. PUZDER

Mailing Address 570 MEADOW WOOD LANE

City MONTECITO	State CA	Zip Code 93108-2027
-------------------	-------------	------------------------

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

Name of Employer CKE RESTAURANTS INC.	Occupation CEO
--	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2015

Transaction ID : SA11.5040

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
RON RESNICK

Mailing Address **1471 BLUERIDGE DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90210-2209**

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

Name of Employer **COUNSELWORKS LLC** Occupation **CONSULTING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 21 / 2015

Transaction ID : SA11.4778

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FERNANDO J. ROVIRA RULLAN

Mailing Address **2211 PONCE DE LEON AVE STE 403**

City **HATO REY** State **PR** Zip Code **00917-**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4858

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JORGE L. SAN MIGUEL

Mailing Address **221 PONCE DE LEON 5TH FLOOR**

City **SAN JUAN** State **PR** Zip Code **00917-1802**

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

Name of Employer **FERRAIUOLI LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4878

Amount of Each Receipt this Period
750.00

CONTRIBUTION

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

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

3250.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 39 OF 106

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY SCHENCK

Mailing Address 7319 CALLE CRISTOBAL #142

City SAN DIEGO State CA Zip Code 92126-6026

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

Name of Employer TOURGUIDETIM INC Occupation TOUR OPERATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11.4912

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DIANE G. SMITH

Mailing Address 2200 BUTTS RD STE 320

City BOCA RATON State FL Zip Code 33431-7453

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

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

Transaction ID : SA11.5044

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 2200 BUTTS ROAD

City BOCA RATON State FL Zip Code 33431-7439

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

Name of Employer PRESCOTT INVESTORS, INC. Occupation INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11.4813

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NELSA SPACKEY

Mailing Address 32 PORT DEL MAR

City State Zip Code
HUMACAO PR 00791-

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4852

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RILEY SWINEHART

Mailing Address 6210 NELWAY DRIVE

City State Zip Code
MCLEAN VA 22101-

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

Name of Employer Occupation
ADVA MED VP GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11.4954

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RILEY SWINEHART

Mailing Address 6210 NELWAY DRIVE

City State Zip Code
MCLEAN VA 22101-

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

Name of Employer Occupation
ADVA MED VP GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

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

Transaction ID : SA11.5011

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
AMY H. SWONGER

Mailing Address 5905 MOSS WOOD LN

City State Zip Code
MCLEAN VA 22101-3300

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

Name of Employer Occupation
E&Y WASHINGTON COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5013

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD P. SWYER

Mailing Address 10 EXECUTIVE PARK DRIVE

City State Zip Code
ALBANY NY 12203-3716

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

Name of Employer Occupation
THE SWYER COMPANY OWNER/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.4944

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 234 CASEY ROAD

City State Zip Code
SCHUYLERVILLE NY 12871-1816

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

Name of Employer Occupation
NYS MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.4865

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS R. TYRRELL

Mailing Address **5 SCHUYLER MEADOWS RD**

City **ALBANY** State **NY** Zip Code **12211-1423**

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

Name of Employer **ROSE & KIERNAN INC.** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11.4965

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT S. VALENTINE

Mailing Address **1334 PARK VIEW AVE
SUITE 100**

City **MANHATTAN BEACH** State **CA** Zip Code **90266-3788**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4989

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SALLY A. VASTOLA

Mailing Address **27 COLLINS COURT**

City **GETZVILLE** State **NY** Zip Code **14068-1575**

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

Name of Employer **NIXON PEABODY LLP** Occupation **STRATEGIC POLICY ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.4997

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CARLOS DIAZ VIVO

Mailing Address **URB. MONTEHIEDRA JILGUERO 270**

City **RIO PIEDRAS** State **PR** Zip Code **00925-**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1085.79**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.5076

Amount of Each Receipt this Period
1085.79

CONTRIBUTION

 INKIND-FOOD/BEVERAGES

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

Mailing Address **24 SWEETBRIAR DR.**

City **WILTON** State **NY** Zip Code **12831-2526**

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

Name of Employer **SARATOGA EAGLE** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.5020

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES V. WAIT JR.

Mailing Address **658 NORTH BROADWAY**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866-1624**

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

Name of Employer **THE ADIRONDACK TRUST COMPANY** Occupation **CHAIRMAN & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4973

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

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

2285.79

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

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

FOR LINE NUMBER: PAGE 44 OF 106
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES V. WAIT JR.

Mailing Address 658 NORTH BROADWAY

City State Zip Code
SARATOGA SPRINGS NY 12866-1624

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

Name of Employer Occupation
THE ADIRONDACK TRUST COMPANY CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11.5019

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

Mailing Address 1 MUIR LOOP

City State Zip Code
SAN FRANCISCO CA 94129-1123

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

Name of Employer Occupation
CAPITAL GROUP FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : SA11.4782

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

Mailing Address 788 EL PINTADO RD

City State Zip Code
DANVILLE CA 94526-1407

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : SA11.4767

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CHARLIE WERTHEIMER

Mailing Address 788 EL PINTADO RD

City DANVILLE State CA Zip Code 94526-1407

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11.4820

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 788 EL PINTADO RD

City DANVILLE State CA Zip Code 94526-1407

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

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

Transaction ID : SA11.4934

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CANDIDA PEROTTI WOLFF

Mailing Address 2105 VIRGINIA AVE

City MCLEAN State VA Zip Code 22101-4942

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

Name of Employer GLOBAL GOVERNMENT AFFAIRS CITI Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

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

Transaction ID : SA11.5009

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1816 VISTILLAS RD

City ALTADENA State CA Zip Code 91001-3343

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

Name of Employer CITRUS VALLEY HEALTH Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4886

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER ZIEKER

Mailing Address 10 MAGNOLIA DR

City SARATOGA SPRINGS State NY Zip Code 12866-5379

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

Name of Employer PHYSICIAN Occupation ZIEKER EYE OPHTHALMOLOGY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11.4948

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

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

Mailing Address 350 PARK AVE 11TH FLOOR

City NEW YORK State NY Zip Code 10022-6022

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

Name of Employer ZIFF BROTHERS INVESTMENTS Occupation INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11.5073

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
DMN MANAGEMENT SERVICES LLC

Mailing Address **26 NORTH BROADWAY**

City **SCHENECTADY** State **NY** Zip Code **12305-1932**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4978

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SEE PARTNERSHIP MEMOS

B. Full Name (Last, First, Middle Initial)
ANTHONY M. DURANTE

Mailing Address **1017 WOODFIELD DR**

City **NISKAYUNA** State **NY** Zip Code **12309-1645**

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

Name of Employer Occupation
CAPITAL LIVING AND REHABILITATION CEN CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4985

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address **3 STARTING GATE CT**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866-7340**

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

Name of Employer Occupation
CAPITAL LIVING NURSING AND REHAD CEN HEALTHCARE ADMIN.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4984

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 48 OF 106
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JODI POLSINELLI

Mailing Address 26 NORTH BROADWAY

City State Zip Code
SCHENECTADY NY 12305-1932

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

Name of Employer Occupation
DMN MANAGEMENT SERVICES LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 29 2015

Transaction ID : SA11.4986

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 26 NORTH BROADWAY

City State Zip Code
SCHENECTADY NY 12305-1932

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

Name of Employer Occupation
DMN MANAGEMENT SERVICES LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 29 2015

Transaction ID : SA11.4987

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ST. REGIS MOHAWK TRIBE

Mailing Address 412 STATE ROUTE #37

City State Zip Code
HOGANSBURG NY 13655-

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.4759

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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

2500.00

144735.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS GIBSON FOR CONGRESS

Mailing Address **PO BOX 255**

City **KINDERHOOK** State **NY** Zip Code **12106-0255**

FEC ID number of contributing federal political committee. **C C00477984**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11.4790

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GARRETT GRAVES FOR CONGRESS

Mailing Address **PO BOX 64845**

City **BATON ROUGE** State **LA** Zip Code **70896-4845**

FEC ID number of contributing federal political committee. **C C00558486**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4772

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GUTHRIE FOR CONGRESS

Mailing Address **PO BOX 9639**

City **BOWLING GREEN** State **KY** Zip Code **42102-9639**

FEC ID number of contributing federal political committee. **C C00445023**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4946

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City State Zip Code
JEFFERSON LA 70183-0219

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.4834

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTERS FOR CONGRESS

Mailing Address 8001 IRVINE CENTER DRIVE #400

City State Zip Code
IRVINE CA 92618-2956

FEC ID number of contributing federal political committee. **C** C00546853

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11.4791

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
WALTERS FOR CONGRESS

Mailing Address 8001 IRVINE CENTER DRIVE #400

City State Zip Code
IRVINE CA 92618-2956

FEC ID number of contributing federal political committee. **C** C00546853

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Transaction ID : SA11.5067

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1900 WESTERN AVE.

City ALBANY State NY Zip Code 12203-5019

FEC ID number of contributing federal political committee. **C** C00382382

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5043

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5000

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN APPAREL & FOOTWEAR ASSOCIATION PAC (CLOTHES PAC)

Mailing Address 1601 N KENT STREET SUITE 1200

City ARLINGTON State VA Zip Code 22209-2105

FEC ID number of contributing federal political committee. **C** C00338442

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4770

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-3902

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

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

Transaction ID : SA11.4768

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

Mailing Address 1120 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036-3902

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

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

Transaction ID : SA11.5001

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 EIGHTEENTH ST, NW STE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4823

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES PAC (AFGE PAC)

Mailing Address **80 F STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20001-1528**

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4870

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASOCIATION PAC (AHCA-PAC)

Mailing Address **PO BOX 70980**

City **WASHINGTON** State **DC** Zip Code **20024-0980**

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5045

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address **800 TENTH STREET, NW
TWO CITYCENTER, SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20001-5188**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5048

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN PSYCHIATRIC ASSOCIATION PAC (APA PAC)

Mailing Address 1000 WILSON BLVD.
SUITE 1825

City ARLINGTON State VA Zip Code 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4876

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES PAC

Mailing Address 1575 I STREET NW

City WASHINGTON State DC Zip Code 20005-1105

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11.5005

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 440 FIRST STREET NW 2ND FL

City WASHINGTON State DC Zip Code 20001-2028

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4967

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR ADVANCED LIFE UNDERWRITING (AALU PAC)

Mailing Address 11921 FREEDOM DRIVE
SUITE 1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4869

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1101 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2211

FEC ID number of contributing federal political committee. **C C00281212**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.5065

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOSTON SCIENTIFIC CORP PAC

Mailing Address 300 BOSTON SCIENTIFIC WAY

City MARLBOROUGH State MA Zip Code 01752-1291

FEC ID number of contributing federal political committee. **C C00357863**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5069

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 106
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1101 PENNSYLVANIA AVE NW STE 1000

City WASHINGTON State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5062

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMMUNITY ACTION PROGRAM PAC

Mailing Address 1 MASSACHUSETTS AVENUE, NW SUITE 310

City WASHINGTON State DC Zip Code 20001-1420

FEC ID number of contributing federal political committee. **C C00163048**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4970

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS PAC

Mailing Address 701 PENNSYLVANIA AVE NW SUITE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5066

Amount of Each Receipt this Period
 4000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

10500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address P.O. BOX 365

City State Zip Code
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.5002

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28202-

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4971

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City State Zip Code
BETHESDA MD 20814-6302

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4826

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. ENGINEERS POLITICAL EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE

Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036-4709

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA11.5003

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. EXXONMOBIL PAC

Full Name (Last, First, Middle Initial)
EXXONMOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

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

Transaction ID : SA11.5064

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. FARMERS INSURANCE PAC

Full Name (Last, First, Middle Initial)
FARMERS INSURANCE PAC

Mailing Address 2350 KERNER BLVD, SUITE 250

City SAN RAFAEL State CA Zip Code 94901-5596

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

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

Transaction ID : SA11.5063

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. FEDERAL EXPRESS PAC (FEDEX PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 942 SOUTH SHADY GROVE ROAD
 City MEMPHIS State TN Zip Code 38120-4117
 FEC ID number of contributing federal political committee. **C** C00068692
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : SA11.5007
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
 2014 GENERAL DEBT RETIREMENT

B. FORD MOTOR COMPANY CIVIC ACTION FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 75000
 City DETROIT State MI Zip Code 48275-0001
 FEC ID number of contributing federal political committee. **C** C00046474
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : SA11.5061
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. GENERAL ELECTRIC COMPANY PAC (GEPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1299 PENNSYLVANIA AVE NW
 City WASHINGTON State DC Zip Code 20004-2400
 FEC ID number of contributing federal political committee. **C** C00024869
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015
Transaction ID : SA11.4969
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
HISPANIC 100 FED PAC

Mailing Address **PO BOX 194**

City **SAN CLEMENTE** State **CA** Zip Code **92674-0194**

FEC ID number of contributing federal political committee. **C C00524926**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA11.4993

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

Election Cycle-to-Date
 _____ 500.00

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

Mailing Address **101 CONSTITUTION AVE NW SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4947

Amount of Each Receipt this Period
 _____ 1917.93
 CONTRIBUTION

Election Cycle-to-Date
 _____ 1999.95

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

Mailing Address **101 CONSTITUTION AVE NW SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : SA11.5075

Amount of Each Receipt this Period
 _____ 82.02
 CONTRIBUTION

Election Cycle-to-Date
 _____ 1999.95

INKIND- FOOD/BEVERAGES

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

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

_____ 2499.95

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

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

FOR LINE NUMBER: PAGE 61 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 200

City State Zip Code
WASHINGTON DC 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11.4788

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address PO BOX 853

City State Zip Code
EDWARDSVILLE IL 62025-0853

FEC ID number of contributing federal political committee. **C** C00390831

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11.4785

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City State Zip Code
ARLINGTON VA 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11.4868

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4832

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4833

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MEDICAL DEVICE MANUFACTURERS ASSOCIATION PAC

Mailing Address PO BOX 34591

City WASHINGTON State DC Zip Code 20043-4591

FEC ID number of contributing federal political committee. **C** C00484162

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1170.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11.4792

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MEDICAL DEVICE MANUFACTURERS ASSOCIATION PAC

Mailing Address PO BOX 34591

City WASHINGTON State DC Zip Code 20043-4591

FEC ID number of contributing federal political committee. **C C00484162**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1170.00

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

Transaction ID : SA11.5077

Amount of Each Receipt this Period
 170.00

CONTRIBUTION

INKIND- FOOD/BEVERAGES

B. Full Name (Last, First, Middle Initial)
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036-6797

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015

Transaction ID : SA11.4896

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY GROWERS PAC

Mailing Address 2600 S EUCLID AVE

City BAY CITY State MI Zip Code 48706-3414

FEC ID number of contributing federal political committee. **C C00384354**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4825

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

2670.00

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

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

FOR LINE NUMBER: PAGE 64 OF 106
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 7525 RED RIVER ROAD
 City WAHPETON State ND Zip Code 58075-9705
 FEC ID number of contributing federal political committee. **C** C00164939
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : SA11.4956
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. NATIONAL BEER WHOLESALERS ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 KING ST, STE 600
 City ALEXANDRIA State VA Zip Code 22314-2965
 FEC ID number of contributing federal political committee. **C** C00144766
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : SA11.4999
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 11250 WAPLES MILL ROAD
 City FAIRFAX State VA Zip Code 22030-7400
 FEC ID number of contributing federal political committee. **C** C00053553
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : SA11.4771
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION
 2014 GENERAL DEBT RETIREMENT

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOF PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 10255 W. HIGGINS RD NO. 600
 City ROSEMONT State IL Zip Code 60018-5613
 FEC ID number of contributing federal political committee. **C C00244863**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : SA11.4786
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION (ACRE PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 WILSON BOULEVARD
 City ARLINGTON State VA Zip Code 22203-1867
 FEC ID number of contributing federal political committee. **C C00002972**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : SA11.5006
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
 2014 GENERAL DEBT RETIREMENT

C. NEW PIONEERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S. WASHINGTON ST STE 115
 City ALEXANDRIA State VA Zip Code 22314-5404
 FEC ID number of contributing federal political committee. **C C00459123**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : SA11.4945
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

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

Transaction ID : SA11.5046

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PHYSICAL THERAPY PAC (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.5070

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PINNACLE WEST CORPORATION PAC

Mailing Address 801 PENNSYLVANIA AVE NW SUITE 214

City WASHINGTON State DC Zip Code 20004-2680

FEC ID number of contributing federal political committee. **C C00015933**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4824

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AAOS

Mailing Address 317 MASSACHUSETTS AVE NE1ST FLOOR

City WASHINGTON State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA11.4773

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

Mailing Address 1301 K STREET NY SUITE 800 WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4829

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

Mailing Address 1301 K STREET NY SUITE 800 WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

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

Transaction ID : SA11.4941

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 1301 K STREET NY SUITE 800 WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

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

Transaction ID : SA11.4950

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC

Mailing Address 1006 PENDLETON ST

City ALEXANDRIA State VA Zip Code 22314-1837

FEC ID number of contributing federal political committee. **C C00377689**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015

Transaction ID : SA11.4894

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L ST NW STE 100-263

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4831

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
RIGHT TO RISE PAC INC.

Mailing Address P.O. BOX 14349

City TALLAHASSEE State FL Zip Code 32317-4349

FEC ID number of contributing federal political committee. **C** C00571380

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4836

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RIGHT TO RISE PAC INC.

Mailing Address P.O. BOX 14349

City TALLAHASSEE State FL Zip Code 32317-4349

FEC ID number of contributing federal political committee. **C** C00571380

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4837

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2300

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11.4939

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

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

10200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2300

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

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

Transaction ID : SA11.4949

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE GOLDMAN SACHS GROUP INC. PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 1000 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015

Transaction ID : SA11.4897

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. PAC

Mailing Address 1155 F STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA11.5068

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 601 THIRTEENTH STREET, NW
SUITE 700 NORTH

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4838

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 601 THIRTEENTH STREET, NW
SUITE 700 NORTH

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4838B

Amount of Each Receipt this Period
 -1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO PRIMARY

C. Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 601 THIRTEENTH STREET, NW
SUITE 700 NORTH

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4962

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM GENERAL

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
TITLE INDUSTRY PAC (TIPAC)

Mailing Address 1828 L ST NW SUITE 705

City WASHINGTON State DC Zip Code 20036-5107

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015

Transaction ID : SA11.4777

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 209 PENNSYLVANIA AVENUE, S.E.

City WASHINGTON State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4972

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
UNITEDHEALTH GROUP INC PAC (UNITED HEALTH PAC)

Mailing Address 9900 BREN ROAD EAST

City MINNETONKA State MN Zip Code 55343-9664

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015

Transaction ID : SA11.4895

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2015

Transaction ID : SA11.4968

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
US CUBA DEMOCRACY PAC

Mailing Address 1200 WEST 49TH STREET

City HIALEAH State FL Zip Code 33012-3217

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11.4789

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT

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

Mailing Address 9800 FREDERICKSBURG ROAD

City SAN ANTONIO State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5010

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

4500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 74 OF 106	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN PAC

Mailing Address 701 8TH ST NW STE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00327189

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4996

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WESTERN SUGAR COOPERATIVE PAC

Mailing Address 7555 EAST HAMPDEN AVENUE
SUITE 600

City DENVER State CO Zip Code 80231-4837

FEC ID number of contributing federal political committee. **C** C00446674

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4839

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

6000.00

151069.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PR

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00567677**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8131.84

Date of Receipt
01 / 12 / 2015

Transaction ID : SA12.4760

Amount of Each Receipt this Period
87.48

CONTRIBUTION

TRANSFER- ALL DONORS PREVIOUSLY REPORTED

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	87.48
TOTAL This Period (last page this line number only).....	87.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE

Mailing Address **PO BOX 70872**

City **CHARLOTTE** State **NC** Zip Code **28272**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **622.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : SA14.234

Amount of Each Receipt this Period
153.63

REFUND- UTILITES

B. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE

Mailing Address **PO BOX 70872**

City **CHARLOTTE** State **NC** Zip Code **28272**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **622.72**

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

Transaction ID : Sa14.890

Amount of Each Receipt this Period
469.09

REFUND- UTILITES

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

622.72

622.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. TOM LAWTON		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address PO BOX 500		Amount of Each Disbursement this Period 20.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1296
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CARLOS DIAZ VIVO		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address URB. MONTEHIEDRA JILGUERO 270		Amount of Each Disbursement this Period 1085.79
City RIO PIEDRAS	State PR	
Zip Code 00925-	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.5076
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	INKIND-FOOD/BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) C. MORGAN WILSON		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address PO BOX 500		Amount of Each Disbursement this Period 184.96
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1297
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1290.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. JAMES YUN		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address PO BOX 500		Amount of Each Disbursement this Period 30.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1298
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period 94.70
City BOSTON	State MA	
Zip Code 02284	Purpose of Disbursement PAYROLL SERVICE	Transaction ID : SB17.1273
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period 65.66
City BOSTON	State MA	
Zip Code 02284	Purpose of Disbursement PAYROLL SERVICE	Transaction ID : SB17.1274
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	190.36
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)	PAGE 79 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. ADP		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		06		2015
M M	/	D D	/	Y Y Y Y									
03		06		2015									
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>BOSTON</td> <td>MA</td> <td>02284</td> </tr> </table>		City	State	Zip Code	BOSTON	MA	02284	<table border="1"> <tr> <td>65.66</td> </tr> </table>		65.66			
City	State	Zip Code											
BOSTON	MA	02284											
65.66													
Purpose of Disbursement PAYROLL SERVICE		Transaction ID : SB17.1275											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. ADP		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		02		2015
M M	/	D D	/	Y Y Y Y									
01		02		2015									
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>BOSTON</td> <td>MA</td> <td>02284</td> </tr> </table>		City	State	Zip Code	BOSTON	MA	02284	<table border="1"> <tr> <td>65.66</td> </tr> </table>		65.66			
City	State	Zip Code											
BOSTON	MA	02284											
65.66													
Purpose of Disbursement PAYROLL SERVICE		Transaction ID : SB17.1276											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. ADP		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>23</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		23		2015
M M	/	D D	/	Y Y Y Y									
01		23		2015									
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>BOSTON</td> <td>MA</td> <td>02284</td> </tr> </table>		City	State	Zip Code	BOSTON	MA	02284	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
BOSTON	MA	02284											
25.00													
Purpose of Disbursement PAYROLL SERVICE		Transaction ID : SB17.1277											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	156.32
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)	PAGE 80 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. ADP		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		26		2015
M M	/	D D	/	Y Y Y Y									
01		26		2015									
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period											
City BOSTON State MA Zip Code 02284 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<table border="1"> <tr> <td>571.50</td> </tr> </table> Transaction ID : SB17.1278		571.50									
571.50													
Category/Type													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. AMERICAN EXPRESS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		02		2015
M M	/	D D	/	Y Y Y Y									
01		02		2015									
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period											
City EL PASO State TX Zip Code 79998 Purpose of Disbursement CREDIT CARD MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<table border="1"> <tr> <td>7.95</td> </tr> </table> Transaction ID : SB17.1247		7.95									
7.95													
Category/Type													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. AMERICAN EXPRESS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		05		2015
M M	/	D D	/	Y Y Y Y									
01		05		2015									
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period											
City EL PASO State TX Zip Code 79998 Purpose of Disbursement CREDIT CARD MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<table border="1"> <tr> <td>1.89</td> </tr> </table> Transaction ID : SB17.1248		1.89									
1.89													
Category/Type													

SUBTOTAL of Disbursements This Page (optional).....	581.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.1254
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 7.82 Transaction ID : SB17.1255
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.1257
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	23.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 214.31
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.1258
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN VIEWPOINT INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1199 NORTH FAIRFAX ST SUITE 808		Amount of Each Disbursement this Period 3000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement SURVEY RESEARCH	Transaction ID : SB17.1292
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN VIEWPOINT INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 1199 NORTH FAIRFAX ST SUITE 808		Amount of Each Disbursement this Period 3000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement SURVEY RESEARCH	Transaction ID : SB17.1293
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6214.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 42.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1312
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BEAUTIQUE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 8 W 58TH ST		Amount of Each Disbursement this Period 981.57
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement FACILITY RENTAL/FOOD/BEVERAGES	Transaction ID : SB17.1267
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 0.74
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.1243
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1024.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		25		2015
M M	/	D D	/	Y Y Y Y									
02		25		2015									
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>TYSONS CORNER</td> <td>VA</td> <td>22182</td> </tr> </table>		City	State	Zip Code	TYSONS CORNER	VA	22182	<table border="1"> <tr> <td>330.55</td> </tr> </table>		330.55			
City	State	Zip Code											
TYSONS CORNER	VA	22182											
330.55													
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1244											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		04		2015
M M	/	D D	/	Y Y Y Y									
03		04		2015									
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>TYSONS CORNER</td> <td>VA</td> <td>22182</td> </tr> </table>		City	State	Zip Code	TYSONS CORNER	VA	22182	<table border="1"> <tr> <td>52.24</td> </tr> </table>		52.24			
City	State	Zip Code											
TYSONS CORNER	VA	22182											
52.24													
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1245											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		11		2015
M M	/	D D	/	Y Y Y Y									
03		11		2015									
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>TYSONS CORNER</td> <td>VA</td> <td>22182</td> </tr> </table>		City	State	Zip Code	TYSONS CORNER	VA	22182	<table border="1"> <tr> <td>442.84</td> </tr> </table>		442.84			
City	State	Zip Code											
TYSONS CORNER	VA	22182											
442.84													
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1246											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	825.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 106			
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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement													
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>07</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		07		2015		
M M	/	D D	/	Y Y Y Y											
01		07		2015											
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period													
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>TYSONS CORNER</td> <td>VA</td> <td>22182</td> </tr> </table>		City	State	Zip Code	TYSONS CORNER	VA	22182	<table border="1"> <tr> <td>8</td><td>.</td><td>5</td><td>.</td><td>8</td><td>4</td> </tr> </table>		8	.	5	.	8	4
City	State	Zip Code													
TYSONS CORNER	VA	22182													
8	.	5	.	8	4										
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1249													
Candidate Name		Category/Type													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:															

Full Name (Last, First, Middle Initial)		Date of Disbursement													
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		13		2015		
M M	/	D D	/	Y Y Y Y											
01		13		2015											
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period													
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>TYSONS CORNER</td> <td>VA</td> <td>22182</td> </tr> </table>		City	State	Zip Code	TYSONS CORNER	VA	22182	<table border="1"> <tr> <td>7</td><td>.</td><td>9</td><td>8</td><td>0</td><td>0</td> </tr> </table>		7	.	9	8	0	0
City	State	Zip Code													
TYSONS CORNER	VA	22182													
7	.	9	8	0	0										
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1250													
Candidate Name		Category/Type													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:															

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>14</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		14		2015
M M	/	D D	/	Y Y Y Y									
01		14		2015									
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>TYSONS CORNER</td> <td>VA</td> <td>22182</td> </tr> </table>		City	State	Zip Code	TYSONS CORNER	VA	22182	<table border="1"> <tr> <td>0</td><td>.</td><td>7</td><td>4</td> </tr> </table>		0	.	7	4
City	State	Zip Code											
TYSONS CORNER	VA	22182											
0	.	7	4										
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1251											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>8</td><td>.</td><td>0</td><td>4</td><td>.</td><td>5</td><td>8</td> </tr> </table>	8	.	0	4	.	5	8
8	.	0	4	.	5	8		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td> </td><td>.</td><td> </td><td>.</td><td> </td><td>.</td><td> </td> </tr> </table>		.		.		.	
	.		.		.			

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2015

Amount of Each Disbursement this Period: 5.62

Transaction ID : SB17.1252

B. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2015

Amount of Each Disbursement this Period: 24.75

Transaction ID : SB17.1253

C. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 11 / 2015

Amount of Each Disbursement this Period: 0.74

Transaction ID : SB17.1256

SUBTOTAL of Disbursements This Page (optional) 31.11

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		167.96
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1259
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CMDI		M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		1014.30
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.1260
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CMDI		M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		798.00
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Transaction ID : SB17.1261
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1980.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 106			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1262
State: District:		

Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 2100.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1241
State: District:		

Full Name (Last, First, Middle Initial) C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 4200.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1242
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7098.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 106		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CONDADO VANDERBILT HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 1055 ASHFORD AVE		Amount of Each Disbursement this Period 510.82
City SAN JUAN State PR Zip Code 00907	Purpose of Disbursement TRAVEL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1306
State: District:		

Full Name (Last, First, Middle Initial) B. CONGRESSIONAL INSTITUTE INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 1700 DIAGONAL ROAD #730		Amount of Each Disbursement this Period 738.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement SUBSCRIPTIONS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1288
State: District:		

Full Name (Last, First, Middle Initial) C. CSC CAPITAL LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 38 CONDON RD		Amount of Each Disbursement this Period 10000.00
City STILLWATER State NY Zip Code 12170	Purpose of Disbursement FINANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1268
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11248.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CSC CAPITAL LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 38 CONDON RD		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.1270
City STILLWATER	State NY	
Zip Code 12170	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 428.02 Transaction ID : SB17.1299
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DOUBLETREE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 1985 E GRAND AVE		Amount of Each Disbursement this Period 408.54 Transaction ID : SB17.1307
City EL SEGUNDO	State CA	
Zip Code 90245	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10836.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. EXECUCAR		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 42-02 DITMARS BLVD		Amount of Each Disbursement this Period 139.53
City QUEENS ASTORIA	State NY	
Zip Code 11105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1310
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FAST TRACK		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2015
Mailing Address 320 MOHAWK STREET		Amount of Each Disbursement this Period 43.56
City HERKIMER	State NY	
Zip Code 13350	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1294
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 113.73
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Transaction ID : SB17.1234
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	296.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 106			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.1235
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 103.28 Transaction ID : SB17.1236
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.1237
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	133.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 109.15 Transaction ID : SB17.1238
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 37.00 Transaction ID : SB17.1239
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.1240
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	161.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. GOGOAIR.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD ST		Amount of Each Disbursement this Period 17.00
City ITASCA State IL Zip Code 60143	Purpose of Disbursement WEB SERVICE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1313
State: District:		

Full Name (Last, First, Middle Initial) B. I360 LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 1050.00
City BALTIMORE State MD Zip Code 21297	Purpose of Disbursement SUBSCRIPTIONS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1290
State: District:		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4055 CORPORATE DR STE 100		Amount of Each Disbursement this Period 29.11
City GRAPEVINE State TX Zip Code 76051	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1272
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1096.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial)
A. INTUIT

Mailing Address 4055 CORPORATE DR STE 100

City GRAPEVINE State TX Zip Code 76051

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
02 / 05 / 2015

Amount of Each Disbursement this Period: 29.11

Transaction ID : SB17.1289

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

Mailing Address 4055 CORPORATE DR STE 100

City GRAPEVINE State TX Zip Code 76051

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
03 / 06 / 2015

Amount of Each Disbursement this Period: 29.11

Transaction ID : SB17.1291

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

Mailing Address 27-01 QUEENS PLAZA N

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
02 / 06 / 2015

Amount of Each Disbursement this Period: 321.00

Transaction ID : SB17.1300

SUBTOTAL of Disbursements This Page (optional)..... 379.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. LENOX HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 61 EXETER ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 17 / 2015

Amount of Each Disbursement this Period: 243.46

Transaction ID : SB17.1309

B. MAJORITY STRATEGIES

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

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2015

Amount of Each Disbursement this Period: 2859.68

Transaction ID : SB17.1287

C. NEW FRONTIER STRATEGY

Full Name (Last, First, Middle Initial)
Mailing Address 315 KENTUCKY AVE

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2015

Amount of Each Disbursement this Period: 7500.00

Transaction ID : SB17.1279

SUBTOTAL of Disbursements This Page (optional) 10603.14

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SAVORY DOWNTOWN		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 300 WASHINGTON ST		Amount of Each Disbursement this Period 702.63
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement FACILITY RENTAL/CATERING	Transaction ID : SB17.1266
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SINGULARIS GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO BOX 9265		Amount of Each Disbursement this Period 200.00
City SHAWNEE MISSION	State KS	
Zip Code 66201	Purpose of Disbursement PRINTING	Transaction ID : SB17.1286
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 553.30
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1304
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1455.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STRATEGIC PARTNERS & MEDIA INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015	
Mailing Address 575 MAIN ST STE 251			Amount of Each Disbursement this Period 632.44	
City LAUREL	State MD	Zip Code 20707	Transaction ID : SB17.1303	
Purpose of Disbursement TRAVEL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015	
Mailing Address 353 N PETERSBORO ST I-90			Amount of Each Disbursement this Period 45.00	
City CANASTOTA	State NY	Zip Code 13032	Transaction ID : SB17.1295	
Purpose of Disbursement TRAVEL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 7500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.1269	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	8177.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 106			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. U-HAUL CENTER		Date of Disbursement										
Mailing Address 6229 US 11		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		27		2015
M M	/	D D	/	Y Y Y Y								
01		27		2015								
City	State	Zip Code										
CANTON	NY	13617										
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>104.95</td> </tr> </table>		Amount of Each Disbursement this Period	104.95								
Amount of Each Disbursement this Period												
104.95												
Candidate Name	Transaction ID : SB17.1263											
Office Sought:	Disbursement For:	Category/Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial) B. U-HAUL CENTER		Date of Disbursement										
Mailing Address 6229 US 11		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		26		2015
M M	/	D D	/	Y Y Y Y								
02		26		2015								
City	State	Zip Code										
CANTON	NY	13617										
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>104.95</td> </tr> </table>		Amount of Each Disbursement this Period	104.95								
Amount of Each Disbursement this Period												
104.95												
Candidate Name	Transaction ID : SB17.1264											
Office Sought:	Disbursement For:	Category/Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial) C. U-HAUL CENTER		Date of Disbursement										
Mailing Address 6229 US 11		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		26		2015
M M	/	D D	/	Y Y Y Y								
03		26		2015								
City	State	Zip Code										
CANTON	NY	13617										
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>104.95</td> </tr> </table>		Amount of Each Disbursement this Period	104.95								
Amount of Each Disbursement this Period												
104.95												
Candidate Name	Transaction ID : SB17.1265											
Office Sought:	Disbursement For:	Category/Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	314.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 182 HOWARD ST STE #8		Amount of Each Disbursement this Period 35.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1308
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2015
Mailing Address 233 SOUTH WACKER DR		Amount of Each Disbursement this Period 294.10
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1311
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 576.30
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1301
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	905.40
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 101 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 421.60
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB17.1302
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 180.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB17.1305
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 40.00
City GLENS FALLS	State NY Zip Code 12801	
Purpose of Disbursement POSTAGE	Candidate Name	Transaction ID : SB17.1280
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	641.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 3.87
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1281
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 0.98
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1282
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 6.24
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1283
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11.09
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 103 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 6.49
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1284
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2015
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 5.75
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1285
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WILEY REIN LLP		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1776 K ST NW		Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement LEGAL CONSULTING	Transaction ID : SB17.1271
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2512.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. HONEYWELL INTERNATIONAL PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 101 CONSTITUTION AVE NW SUITE 500		Amount of Each Disbursement this Period 82.02
City WASHINGTON State DC Zip Code 20001-2133	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.5075
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	INKIND- FOOD/BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) B. MEDICAL DEVICE MANUFACTURERS ASSOCIATION PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO BOX 34591		Amount of Each Disbursement this Period 170.00
City WASHINGTON State DC Zip Code 20043-4591	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.5077
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	INKIND- FOOD/BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	252.02
TOTAL This Period (last page this line number only).....	69246.46

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CSC CAPITAL LLC	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 38 CONDON ROAD	
City STILLWATER State NY Zip Code 12170	

Outstanding Balance Beginning This Period 34000.00	Transaction ID : SD10.890	
Amount Incurred This Period 0.00	Payment This Period 20000.00	Outstanding Balance at Close of This Period 14000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW FRONTIER STRATEGY	Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING
Mailing Address 315 KENTUCKY AVE	
City ALEXANDRIA State VA Zip Code 22305	

Outstanding Balance Beginning This Period 45000.00	Transaction ID : SD10.345	
Amount Incurred This Period 0.00	Payment This Period 7500.00	Outstanding Balance at Close of This Period 37500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE TOWNSEND GROUP	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 1006 PENDLETON STREET	
City ALEXANDRIA State VA Zip Code 22314	

Outstanding Balance Beginning This Period 10323.99	Transaction ID : SD10.788	
Amount Incurred This Period 0.00	Payment This Period 7500.00	Outstanding Balance at Close of This Period 2823.99

1) SUBTOTALS This Period This Page (optional)	54323.99
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN LLP	Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1776 K STREET NW	
City WASHINGTON State DC Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD.90999	
Amount Incurred This Period <input type="text" value="7559.36"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5059.36"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5059.36"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="59383.35"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="59383.35"/>