



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Chris Day for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 25821.14                | 96430.14                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 650.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 25821.14                | 95780.14                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 5062.99                 | 45300.13                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 5062.99                 | 45300.13                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 50480.01                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Chris Day for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 18400.00                              | 68438.00                                   |
| (ii) Unitemized.....   | 6242.14                               | 24233.14                                   |
| (iii) TOTAL of contributions from individuals ▶  | 24642.14                              | 92671.14                                   |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 1179.00                               | 3759.00                                    |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 25821.14                              | 96430.14                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 25821.14                              | 96430.14                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 5062.99                       | 45300.13                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 200.00                             |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 450.00                             |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 650.00                             |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 5062.99                       | 45950.13                           |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 29721.86 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 25821.14 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 55543.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 5062.99  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 50480.01 |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 5 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROSEMARIE BAKER**

Mailing Address **1 GILBERT PARK**

City **OSSINING** State **NY** Zip Code **10562-5601**

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

Name of Employer **NY ENFORCEMENT SERVICES** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

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

**Transaction ID : SA11.477**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **65 KINGS HIGHWAY**

City **CONGERS** State **NY** Zip Code **10920-2221**

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

Name of Employer **DJE PROPERTY MANAGEMENT, LLC** Occupation **PROPERTY MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **279.00**

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

**Transaction ID : SA11.470**

Amount of Each Receipt this Period  
**179.00**  
 CONTRIBUTION

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

Mailing Address **55 HILLANDALE RD**

City **RYE BROOK** State **NY** Zip Code **10573-1704**

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

Name of Employer **SELF EMPLOYED** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11.487**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1679.00**

**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 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS COLETY**

Mailing Address 1 ROLAND DR.

City State Zip Code  
WHITE PLAINS NY 10605-

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

Name of Employer Occupation  
WESTCHESTER COUNTY BOARD OF ELECT CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : SA11.510**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

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

Mailing Address 100 SCARBOROUGH STATION RD.

City State Zip Code  
SCARBOROUGH NY 10510-2028

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : SA11.508**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION  
REATTRIBUTION/REDESIGNATION REQUESTED

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

Mailing Address 479 STATE RT. 17

City State Zip Code  
MAHWAH NJ 07430-2116

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

Name of Employer Occupation  
DALE & DALE ASSOCIATES OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
424.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : SA11.460**

Amount of Each Receipt this Period  
99.00  
CONTRIBUTION

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

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

6599.00

**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 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EDWIN J. DAY**

Mailing Address **2 CAPRAL LN.**

City **NEW CITY** State **NY** Zip Code **10956-3507**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2320.00**

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

**Transaction ID : SA11.434**

Amount of Each Receipt this Period  
**70.00**  
 CONTRIBUTION

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

Mailing Address **2 CAPRAL LN.**

City **NEW CITY** State **NY** Zip Code **10956-3507**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2320.00**

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

**Transaction ID : SA11.454**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **29 MILE RD.**

City **SUFFERN** State **NY** Zip Code **10901-3919**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1175.00**

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

**Transaction ID : SA11.521**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

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

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

**395.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JIM FILLIS**

Mailing Address 154 HIGHLAND AVE.

City EASTCHESTER State NY Zip Code 10709-3612

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11.536**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRANKLIN C. FREMONT**

Mailing Address 26 LAKEWARD AVE.

City CONGERS State NY Zip Code 10920-2053

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

Name of Employer PENTEGRA SERVICES INC Occupation DIRECTOR INTERNAL AUDIT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
374.00

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

**Transaction ID : SA11.446**

Amount of Each Receipt this Period  
 179.00  
 CONTRIBUTION

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

Mailing Address 9 POLO COURT

City SUFFERN State NY Zip Code 10901-3966

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

Name of Employer PEAK SYSTEMS Occupation EXECUTIVE

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  
 06 / 10 / 2014

**Transaction ID : SA11.382**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1479.00



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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 9 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>WILLIAM KILLIAN</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 26 / 2014     |  |
| Mailing Address 66 SOUTH LITL TOR ROAD  |                                  | <b>Transaction ID : SA11.494</b>                             |  |
| City<br>NEW CITY  | State<br>NY                      | Zip Code<br>10956-3441                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>105.00<br>CONTRIBUTION |  |
| Name of Employer<br>TOWN OF CLARKSTOWN  | Occupation<br>POLICE OFFICER     |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>305.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>CLAUDETTE LAJAM</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 05 / 2014     |  |
| Mailing Address 30 KNOLLWOOD DRIVE  |                                  | <b>Transaction ID : SA11.378</b>                             |  |
| City<br>LARCHMONT   | State<br>NY                      | Zip Code<br>10538-1238                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |  |
| Name of Employer<br>NYU LANGONE MEDICAL CENTER  | Occupation<br>SURGEON            |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>JOHN H. LANG</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 10 / 2014     |  |
| Mailing Address 4 QUAIL HOLLOW LN.  |  | <b>Transaction ID : SA11.523A</b>                            |  |
| City<br>WEST NYACK  | State<br>NY                                      | Zip Code<br>10994-2914                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |  |
| Name of Employer<br>INFORMATION REQUESTED PER BEST EFF  | Occupation<br>INFORMATION REQUESTED PER BEST EFF |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>0.00                   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 455.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | _____  |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN H. LANG**

Mailing Address 4 QUAIL HOLLOW LN.

City WEST NYACK State NY Zip Code 10994-2914

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

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

**Transaction ID : SA11.523B**

Amount of Each Receipt this Period  
**-100.00**

CONTRIBUTION

CHARGED BACK

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

Mailing Address 6 FIELDSTONE RD.

City RYE State NY Zip Code 10580-4116

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : SA11.497**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

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

Mailing Address 566 RT 303

City BLAUVELT State NY Zip Code 10913-1916

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

Name of Employer MCLAUGHLIN & ASSOCIATES Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11.502**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**700.00**

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 11 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MIRIAM MOCCIO**

Mailing Address **2 FUERTH CT.**

City **NEW CITY** State **NY** Zip Code **10956-4154**

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

Name of Employer **CLARKSTOWN CENTRAL SCHOOL DISTRICT** Occupation **TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**305.00**

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

**Transaction ID : SA11.540**

Amount of Each Receipt this Period  
**105.00**  
 CONTRIBUTION

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

Mailing Address **6 WYNDHAM CT.**

City **NANUET** State **NY** Zip Code **10954-3844**

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

Name of Employer **COUNTY OF ROCKLAND** Occupation **CHIEF ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230.00**

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

**Transaction ID : SA11.439**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **20 PARK LN.**

City **NANUET** State **NY** Zip Code **10954-2517**

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

Name of Employer **DAVID MOSNER INC.** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

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

**Transaction ID : SA11.453**

Amount of Each Receipt this Period  
**4200.00**  
 CONTRIBUTION

SEE REATTRIBUTION

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

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

**4405.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 12 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL S. MOSNER**

Mailing Address 20 PARK LN.

City State Zip Code  
NANUET NY 10954-2517

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

Name of Employer Occupation  
DAVID MOSNER INC. BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.453B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

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

Mailing Address 20 PARK LN.

City State Zip Code  
NANUET NY 10954-2517

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

Name of Employer Occupation  
WESTCHESTER COUNTY SHERIFFS DEPAR DEPUTY SHERIFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.457**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

Mailing Address 27 LAW RD.

City State Zip Code  
BRIARCLIFF MANOR NY 10510-2108

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.531**

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 13 OF 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KIM A. SAUCIER**

Mailing Address 128 WASHINGTON AVE.

City: SUFFERN State: NY Zip Code: 10901-6246

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

Name of Employer: ROCKLAND COUNTY SHERIFF OFFICE Occupation: POLICE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 749.00

Date of Receipt: 06 / 16 / 2014

**Transaction ID : SA11.452**

Amount of Each Receipt this Period: 99.00

CONTRIBUTION

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

Mailing Address 128 WASHINGTON AVE.

City: SUFFERN State: NY Zip Code: 10901-6246

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

Name of Employer: ROCKLAND COUNTY SHERIFF OFFICE Occupation: POLICE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 749.00

Date of Receipt: 06 / 27 / 2014

**Transaction ID : SA11.495**

Amount of Each Receipt this Period: 35.00

CONTRIBUTION

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

Mailing Address 128 WASHINGTON AVE.

City: SUFFERN State: NY Zip Code: 10901-6246

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

Name of Employer: ROCKLAND COUNTY SHERIFF OFFICE Occupation: POLICE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 749.00

Date of Receipt: 06 / 27 / 2014

**Transaction ID : SA11.496**

Amount of Each Receipt this Period: 155.00

CONTRIBUTION

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

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

289.00

**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 19 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES J. URSTADT**

Mailing Address 321 RAILROAD AVE.

City GREENWICH State CT Zip Code 06830-6389

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

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

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  
 06 / 10 / 2014

**Transaction ID : SA11.462**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 96 HAARLEM AVENUE

City WHITE PLAINS State NY Zip Code 10603-2212

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

Name of Employer COMPASS ADJUSTERS ( Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11.492**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

Mailing Address 615 NORTH BROADWAY

City UPPER NYACK State NY Zip Code 10960-1047

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

Name of Employer CAL MART ENTERPRISES, INC. ( Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
224.00

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

**Transaction ID : SA11.447**

Amount of Each Receipt this Period  
 99.00  
 CONTRIBUTION

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

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

1399.00

18400.00

**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 19 |
|   | <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)  
**Chris Day for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROCKLAND COUNTY POLICE HISPANIC SOCIETY**

Mailing Address **PO BOX 213**

City **NEW CITY** State **NY** Zip Code **10956-0213**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **179.00**

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

**Transaction ID : SA11.441**

Amount of Each Receipt this Period  
**179.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WESTCHESTER REPUBLICAN COUNTY COMMITTEE**

Mailing Address **214 MAMARONECK AVE.**

City **WHITE PLAINS** State **NY** Zip Code **10601-5307**

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

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  
**06 / 24 / 2014**

**Transaction ID : SA11.511**

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).....

**179.00**

**179.00**

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 16 OF 19                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMERICAN EXPRESS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>06 / 05 / 2014</b>                        |
| Mailing Address <b>200 VESEY ST.</b>   |  | Amount of Each Disbursement this Period<br><b>61.14</b><br><b>Transaction ID : SB17.347</b> |
| City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10285</b>   | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   |   |
| 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)<br><b>B. CMDI</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>06 / 30 / 2014</b>                         |
| Mailing Address <b>1593 SPRING HILL RD STE 400</b>   |  | Amount of Each Disbursement this Period<br><b>798.00</b><br><b>Transaction ID : SB17.354</b> |
| City <b>VIENNA</b> State <b>VA</b> Zip Code <b>22182</b>   | Purpose of Disbursement<br><b>DATABASE MANAGEMENT SERVICE</b>  |  |
| 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)<br><b>C. CONSTANT CONTACT</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>06 / 27 / 2014</b>                         |
| Mailing Address <b>1601 TRAPELO RD</b>   |  | Amount of Each Disbursement this Period<br><b>158.50</b><br><b>Transaction ID : SB17.353</b> |
| City <b>WALTHAM</b> State <b>MA</b> Zip Code <b>02451</b>  | Purpose of Disbursement<br><b>WEB SERVICE</b>  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1017.64</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |



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

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

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

|   |  |                   |  |  |  |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GWENNIES</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 05 / 2014 |  |  |
| Mailing Address 162 IDEAL AVE   |  |                   | Amount of Each Disbursement this Period<br>790.00        |  |  |
| City<br>MOBILE  | State<br>AL  | Zip Code<br>36608 | Transaction ID : SB17.346                                |  |  |
| Purpose of Disbursement<br>PRINTING- BUMPER STICKERS  |  | Category/<br>Type |  |  |  |
| Candidate Name  |  |                   |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |  |  |
| State: District:  |  |                   |  |  |  |

|   |  |                   |  |  |  |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MAINLY MONOGRAMS</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 05 / 2014 |  |  |
| Mailing Address 260 WEST NYACK RD   |  |                   | Amount of Each Disbursement this Period<br>400.00        |  |  |
| City<br>WEST NYACK  | State<br>NY  | Zip Code<br>10994 | Transaction ID : SB17.345                                |  |  |
| Purpose of Disbursement<br>PRINTING   |  | Category/<br>Type |  |  |  |
| Candidate Name  |  |                   |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |  |  |
| State: District:  |  |                   |  |  |  |

|   |  |                   |  |  |  |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARCELLOS RESTAURANT</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 12 / 2014 |  |  |
| Mailing Address 21 LAFAYETTE AVE  |  |                   | Amount of Each Disbursement this Period<br>1540.56       |  |  |
| City<br>SUFFERN   | State<br>NY  | Zip Code<br>10901 | Transaction ID : SB17.348                                |  |  |
| Purpose of Disbursement<br>FACILITY RENTAL/CATERING   |  | Category/<br>Type |  |  |  |
| Candidate Name  |  |                   |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |  |  |
| State: District:  |  |                   |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2730.56 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PROVIDENT BANK</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 13 / 2014                                     |
| Mailing Address 400 RELLA BLVD   |   | Amount of Each Disbursement this Period<br>9,999,999.99 18.00<br><b>Transaction ID : SB17.349</b> |
| City<br>MONTEBELLO   | State<br>NY   |   |
| Zip Code<br>10901  | Purpose of Disbursement<br>BANK FEE   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROCKLAND BOULDERS</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 20 / 2014                                      |
| Mailing Address 1 PROVIDENT BANK PARK DR   |   | Amount of Each Disbursement this Period<br>9,999,999.99 476.53<br><b>Transaction ID : SB17.351</b> |
| City<br>POMONA   | State<br>NY   |  |
| Zip Code<br>10970  | Purpose of Disbursement<br>FACILITY RENTAL  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROCKLAND BOULDERS</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 27 / 2014                                      |
| Mailing Address 1 PROVIDENT BANK PARK DR   |   | Amount of Each Disbursement this Period<br>9,999,999.99 451.98<br><b>Transaction ID : SB17.352</b> |
| City<br>POMONA   | State<br>NY   |  |
| Zip Code<br>10970  | Purpose of Disbursement<br>FACILITY RENTAL  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 946.51 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

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NAME OF COMMITTEE (In Full)  
**Chris Day for Congress**

|  |   |                                  |
|--|---|----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. THE MAILHOUSE</b> |   | Date of Disbursement             |
| Mailing Address 614 CORPORATE WAY SUITE 8                          |   | MM / DD / YYYY<br>06 / 18 / 2014 |
| City   | State   | Zip Code                         |
| VALLEY COTTAGE   | NY  | 10989                            |
| Purpose of Disbursement<br>PRINTING/POSTAGE                        | Category/Type   |                                  |
| Candidate Name   | Amount of Each Disbursement this Period                           |                                  |
|  | 368.28  |                                  |
| Office Sought:   | Disbursement For:   |                                  |
| <input type="checkbox"/> House                                     | <input type="checkbox"/> Primary <input type="checkbox"/> General |                                  |
| <input type="checkbox"/> Senate                                    | <input type="checkbox"/> Other (specify)                          |                                  |
| <input type="checkbox"/> President                                 |   |                                  |
| State: District:   | Transaction ID : SB17.350   |                                  |

|  |   |                      |
|--|---|----------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> |   | Date of Disbursement |
| Mailing Address                                      |   | MM / DD / YYYY       |
| City   | State   | Zip Code             |
|  |   |                      |
| Purpose of Disbursement                              | Category/Type   |                      |
| Candidate Name                                       | Amount of Each Disbursement this Period                           |                      |
|  |   |                      |
| Office Sought:                                       | Disbursement For:   |                      |
| <input type="checkbox"/> House                       | <input type="checkbox"/> Primary <input type="checkbox"/> General |                      |
| <input type="checkbox"/> Senate                      | <input type="checkbox"/> Other (specify)                          |                      |
| <input type="checkbox"/> President                   |   |                      |
| State: District:                                     |   |                      |

|  |   |                      |
|--|---|----------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> |   | Date of Disbursement |
| Mailing Address                                      |   | MM / DD / YYYY       |
| City   | State   | Zip Code             |
|  |   |                      |
| Purpose of Disbursement                              | Category/Type   |                      |
| Candidate Name                                       | Amount of Each Disbursement this Period                           |                      |
|  |   |                      |
| Office Sought:                                       | Disbursement For:   |                      |
| <input type="checkbox"/> House                       | <input type="checkbox"/> Primary <input type="checkbox"/> General |                      |
| <input type="checkbox"/> Senate                      | <input type="checkbox"/> Other (specify)                          |                      |
| <input type="checkbox"/> President                   |   |                      |
| State: District:                                     |   |                      |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 368.28  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5062.99 |