



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**WE THE PEOPLE, NOT WASHINGTON**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67374.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="688430.48"/>	<input type="text" value="1547673.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="755805.26"/>	<input type="text" value="1547673.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="718890.02"/>	<input type="text" value="1510758.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36915.24"/>	<input type="text" value="36915.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

WE THE PEOPLE, NOT WASHINGTON

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	688135.00	1541983.50
(ii) Unitemized .....	295.48	5690.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	688430.48	1547673.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	688430.48	1547673.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	688430.48	1547673.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	688430.48	1547673.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	600111.66	1391980.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	600111.66	1391980.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	118778.36	118778.36
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	718890.02	1510758.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	718890.02	1510758.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	688430.48	1547673.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	688430.48	1547673.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	600111.66	1391980.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	600111.66	1391980.38

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

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

FOR LINE NUMBER: PAGE 6 OF 51  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)  
**A. Academy Medical Care PC**

Mailing Address 571 Academy St  
Suite GLE

City State Zip Code  
New York NY 10034

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11AI.4955**

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**B. Administrative Services Associates LLC**

Mailing Address P.O. Box 763

City State Zip Code  
New York NY 10033

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11AI.4947**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Balance Medical IPA Inc**

Mailing Address 5030 Broadway  
Suite 821

City State Zip Code  
New York NY 10034

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 21000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. Aron Blustein**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Nostrand Avenue

City Brooklyn State NY Zip Code 11205

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55000.00

Date of Receipt  
07 / 20 / 2015  
Transaction ID : SA11AI.4862

Amount of Each Receipt this Period  
20000.00

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

Mailing Address 618 W 177th St Apt 3A

City New York State NY Zip Code 10033

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

Name of Employer Corinthian IPA Occupation Receptionist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
10 / 19 / 2015  
Transaction ID : SA11AI.4906

Amount of Each Receipt this Period  
2000.00

**c. John Castle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1095 North Ocean Blvd

City Palm Beach State FL Zip Code 33480

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

Name of Employer Castle Harlan Inc Occupation Merchant Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
07 / 22 / 2015  
Transaction ID : SA11AI.4863

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 51  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)  
**A. Centene Management Company LLC**

Mailing Address 7700 Forsyth Blvd

City State Zip Code  
St. Louis MO 63105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 13 / 2015  
**Transaction ID : SA11AI.4943**

Amount of Each Receipt this Period  
40000.00

Full Name (Last, First, Middle Initial)  
**B. Charles A Gargano Consulting LLC**

Mailing Address 5 Shore Lane

City State Zip Code  
Bay Shore NY 11706

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2015  
**Transaction ID : SA11AI.4938**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**c. Henry Y. Chen**

Mailing Address 762 59th Street

City State Zip Code  
Brooklyn NY 11220

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

Name of Employer Occupation  
Jennan Medical Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015  
**Transaction ID : SA11AI.4900**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 46000.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 51  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)  
**A. CHE Senior Psychological Services PC**

Mailing Address 3512 Quentin Rd

City State Zip Code  
Brooklyn NY 11234

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : SA11AI.4930**

Amount of Each Receipt this Period  
10000.00

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

Mailing Address 9 Rittehouse Rd

City State Zip Code  
Bronxville NY 10708

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : SA11AI.4889**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5030 Broadway  
Ste 821

City State Zip Code  
New York NY 10334

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11AI.4949**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 16000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Alexandro Damiron</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2015
Mailing Address 3050 Corlear Ave Apt 510		<b>Transaction ID : SA11AI.4912</b>
City Bronx	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Mount Sinai Hospital	Occupation Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas Deutsch</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015
Mailing Address 47 Avon Road		<b>Transaction ID : SA11AI.4894</b>
City Bronxville	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Chadbourne & Parke LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Martha Ehmann</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 3501 Clay Street		<b>Transaction ID : SA11AI.4919</b>
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Esky Enterprises Inc</b>		Date of Receipt
Mailing Address 415 Madison Ave 14th Fl		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City New York State NY Zip Code 10017		<b>Transaction ID : SA11AI.4953</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Juan Estevez</b>		Date of Receipt
Mailing Address 40 Memorial Hwy Apt 22D		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City New Rochelle State NY Zip Code 10801		<b>Transaction ID : SA11AI.4916</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Physician		<input type="text" value="8000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="8000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Joshua Farkovits</b>		Date of Receipt
Mailing Address 17 Beaver Dam Rd		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Pomona State NY Zip Code 10970		<b>Transaction ID : SA11AI.4873</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Privilege Care Medical Center Administrator		<input type="text" value="4000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="4000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="17000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. Peter Fine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1065 Avenue of the Americas 27th f

City New York	State NY	Zip Code 10018
------------------	-------------	-------------------

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

Name of Employer Atlantic Development Group LLC	Occupation Executive
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
72000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

**Transaction ID : SA11AI.4859**

Amount of Each Receipt this Period  
72000.00

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

Mailing Address 560 Brannan Street

City San Francisco	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer Aspect Ventures	Occupation Co-Founder
-------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2015

**Transaction ID : SA11AI.4921**

Amount of Each Receipt this Period  
25000.00

**C. George Washington Bridge Specialist Inc**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 Fort Washington Ave  
Suite 1A

City New York	State NY	Zip Code 10033
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11AI.4945**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Grandview Brokerage Corporation</b>		Date of Receipt
Mailing Address Information Requested		M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2015
City	State	Zip Code
Information Requested	DC	00000
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4939
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		10000.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		20000.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Luis Herrera</b>		Date of Receipt
Mailing Address 43 Church Street		M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015
City	State	Zip Code
Freeport	NY	11520
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		1000.00
Self Employed		
Occupation	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stephen Herson</b>		Date of Receipt
Mailing Address 146 Whitney Hill Rd		M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2015
City	State	Zip Code
Tunbridge	VT	05077
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4922
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		35.00
Self Employed		
Occupation	Real Estate	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		435.00
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11035.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 51  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)  
**A. Homestead Rehabilitation & Healthcare**

Mailing Address 129 Morris Turnpike

City State Zip Code  
Newton NJ 07860

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : SA11AI.4932**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 450 7th Avenue  
PH

City State Zip Code  
New York NY 10123

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

Name of Employer Occupation  
Kaufman Organization Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : SA11AI.4866**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 737 Park Avenue

City State Zip Code  
Manhattan NY 10021

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11AI.4898**

Amount of Each Receipt this Period  
15000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Mendel Klein</b>		Date of Receipt MM / DD / YYYY 07 / 28 / 2015 <b>Transaction ID : SA11AI.4878</b>
Mailing Address 1638 46th St		Amount of Each Receipt this Period 5000.00
City Brooklyn	State NY	Zip Code 11204
FEC ID number of contributing federal political committee. C	Name of Employer Royal Care	Occupation Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Leonard A. Lauder</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2015 <b>Transaction ID : SA11AI.4865</b>
Mailing Address 767 Fifth Avenue 40th Floor		Amount of Each Receipt this Period 100000.00
City New York	State NY	Zip Code 10153
FEC ID number of contributing federal political committee. C	Name of Employer Estee LauderInc.	Occupation Chairman Emeritus
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Lee</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : SA11AI.4890</b>
Mailing Address 23 Quintessa Cir		Amount of Each Receipt this Period 5000.00
City Las Vegas	State NV	Zip Code 89141
FEC ID number of contributing federal political committee. C	Name of Employer V Real Estate Group, Inc.	Occupation Chairman
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. Joel Leifer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1551 52nd St

City Brooklyn State NY Zip Code 11219

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

Name of Employer Atrium Center for Rehabilitation Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA11AI.4896**

Amount of Each Receipt this Period  
 10000.00

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

Mailing Address 2115 Linwood Ave Suite 110

City Fort Lee State NJ Zip Code 07024

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : SA11AI.4871**

Amount of Each Receipt this Period  
 100000.00

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

Mailing Address 2 Manitou Ct

City Westport State CT Zip Code 06880

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

Name of Employer Bluff Point Associates Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2015  
**Transaction ID : SA11AI.4888**

Amount of Each Receipt this Period  
 20000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)  
**A. Thomas E McInerney**

Mailing Address 2 Manitou Ct

City Westport State CT Zip Code 06880

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

Name of Employer Bluff Point Associates Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period  
25000.00

Full Name (Last, First, Middle Initial)  
**B. Modern Diagnostic Laboratory Inc**

Mailing Address 1412 Bay Ridge Ave

City Brooklyn State NY Zip Code 11219

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**c. NOA Diagnostics of NY LLC**

Mailing Address 6851 Jericho Turnpike Suite 150

City Syosset State NY Zip Code 11791

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2015

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40000.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 51  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. Nostrum Pharmaceuticals LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1370 Hamilton Street  
 City Somerset State NJ Zip Code 08873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : SA11AI.4926**  
 Amount of Each Receipt this Period  
 15000.00

**B. Henry Paul**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 482  
 City New City State NY Zip Code 10956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11AI.4902**  
 Amount of Each Receipt this Period  
 500.00

**C. Bent Philipson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Pleasant Ridge Rd  
 City Spring Valley State NY Zip Code 10977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SentosaCare COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 17500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2015  
**Transaction ID : SA11AI.4874**  
 Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 18000.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Bent Philipson</b>		Date of Receipt
Mailing Address 22 Pleasant Ridge Rd		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Spring Valley	NY	10977
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4875</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SentosaCare	COO	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="20000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Bent Philipson</b>		Date of Receipt
Mailing Address 22 Pleasant Ridge Rd		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Spring Valley	NY	10977
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4876</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SentosaCare	COO	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25000.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Physicians of the Future MedGroup PLLC</b>		Date of Receipt
Mailing Address 5030 Broadway Ste 821		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4951</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Red Apple Group</b>		Date of Receipt
Mailing Address 823 11th Ave		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code New York NY 10019		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4961</b>
Name of Employer Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="25000.00"/>
Aggregate Year-to-Date ▼		
<input type="text" value="25000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Susan Seymour</b>		Date of Receipt
Mailing Address 4 Saybrook Dr		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Glenmont NY 12077		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4880</b>
Name of Employer Occupation SUNY Charter Schools Institute		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>
Aggregate Year-to-Date ▼		
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Alex Solovey</b>		Date of Receipt
Mailing Address 205 Lyncrest Rd		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Englewood Cliffs NJ 07632		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4868</b>
Name of Employer Occupation Robinson Management Managing Member		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>
Aggregate Year-to-Date ▼		
<input type="text" value="5000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial) <b>A. Specialty RX Inc</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2015 <b>Transaction ID : SA11AI.4941</b>
Mailing Address 209 East 11th Ave		Amount of Each Receipt this Period 10000.00
City Roselle	State NJ	Zip Code 07203
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Nayibeth Tallaj</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2015 <b>Transaction ID : SA11AI.4914</b>
Mailing Address 235 Seaman Ave		Amount of Each Receipt this Period 5400.00
City New York	State NY	Zip Code 10034
FEC ID number of contributing federal political committee. C	Name of Employer Student	Occupation Student
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5400.00	

Full Name (Last, First, Middle Initial) <b>C. Yinabeth Tallaj</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2015 <b>Transaction ID : SA11AI.4908</b>
Mailing Address 235 Seaman Ave		Amount of Each Receipt this Period 2700.00
City New York	State NY	Zip Code 10034
FEC ID number of contributing federal political committee. C	Name of Employer Student	Occupation Student
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)  
**A. The Pavilion at Queens Rehabilitation and Nursing**

Mailing Address 36-17 Parsons Blvd

City Flushing State NY Zip Code 11354

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : SA11AI.4934**

Amount of Each Receipt this Period  
10000.00

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

Mailing Address 25 Clarkson Ct

City Paramus State NJ Zip Code 07652

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

Name of Employer Occupation  
Montefiore Hospital Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11AI.4910**

Amount of Each Receipt this Period  
3000.00

Full Name (Last, First, Middle Initial)  
**C. Villegas Enterprises International Corp**

Mailing Address 93-20A Roosevelt Ave

City Jackson Heights State NY Zip Code 11372

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11AI.4959**

Amount of Each Receipt this Period  
20000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. David Zahler**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Jay Court

City Monsey State NY Zip Code 10952

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

Name of Employer Confidence Services Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : SA11AI.4870**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	688135.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

### A. BB&T

Mailing Address 300 S Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SB21B.4776

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

### B. BB&T

Mailing Address 300 S Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : SB21B.4807

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

### C. BB&T

Mailing Address 300 S Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : SB21B.4813

Amount of Each Disbursement this Period

60.00

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

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

126.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 300 S Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
10 / 21 / 2015

**Transaction ID : SB21B.4822**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 300 S Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
11 / 23 / 2015

**Transaction ID : SB21B.4839**

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 300 S Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
12 / 21 / 2015

**Transaction ID : SB21B.4848**

Amount of Each Disbursement this Period

36.00

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

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

84.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Capitol Tech Solutions**

Mailing Address 2131 Capitol Avenue  
Suite 306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Website Hosting and Support

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.4846**

Amount of Each Disbursement this Period

1170.00

Full Name (Last, First, Middle Initial)

**B. eFundraising Connections**

Mailing Address 2131 Capitol Avenue #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : **SB21B.4850**

Amount of Each Disbursement this Period

1651.75

Full Name (Last, First, Middle Initial)

**C. eFundraising Connections**

Mailing Address 2131 Capitol Avenue #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : **SB21B.4851**

Amount of Each Disbursement this Period

454.20

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

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

3275.95

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. eFundraising Connections**

Full Name (Last, First, Middle Initial)

Mailing Address 2131 Capitol Avenue #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB21B.4852**

Amount of Each Disbursement this Period  
242.25

**B. eFundraising Connections**

Full Name (Last, First, Middle Initial)

Mailing Address 2131 Capitol Avenue #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 31 / 2015

**Transaction ID : SB21B.4853**

Amount of Each Disbursement this Period  
721.00

**C. eFundraising Connections**

Full Name (Last, First, Middle Initial)

Mailing Address 2131 Capitol Avenue #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : SB21B.4854**

Amount of Each Disbursement this Period  
2251.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3214.25

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. eFundraising Connections**

Mailing Address 2131 Capitol Avenue #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4855**

Amount of Each Disbursement this Period

4.39

Full Name (Last, First, Middle Initial)

**B. First Choice Copy**

Mailing Address 52-08 Grand Avenue

City Maspeth State NY Zip Code 11378

Purpose of Disbursement  
Printing Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : SB21B.4837**

Amount of Each Disbursement this Period

1302.85

Full Name (Last, First, Middle Initial)

**C. Full House Events LLC**

Mailing Address 370 W Pleasantview Ave # 230

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

**Transaction ID : SB21B.4773**

Amount of Each Disbursement this Period

12000.00

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

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

13307.24

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Full House Events LLC**

Mailing Address 370 W Pleasantview Ave  
# 230

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4787**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Full House Events LLC**

Mailing Address 370 W Pleasantview Ave  
# 230

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4828**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Full House Events LLC**

Mailing Address 370 W Pleasantview Ave  
# 230

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4835**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Full House Events LLC**

Mailing Address 370 W Pleasantview Ave  
# 230

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4845**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4766**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4767**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address Various Locations

City Washington State DC Zip Code 20001

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : SB21B.4767.0

Amount of Each Disbursement this Period

91.71

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FedEx**

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement Printing/Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : SB21B.4767.1

Amount of Each Disbursement this Period

116.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Andrew Gibson**

Mailing Address 10 Waterside Plaza Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : SB21B.4792

Amount of Each Disbursement this Period

4000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : **SB21B.4793**

Amount of Each Disbursement this Period

26.00

Full Name (Last, First, Middle Initial)

**B. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2015

Transaction ID : **SB21B.4808**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : **SB21B.4821**

Amount of Each Disbursement this Period

4000.00

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

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

8026.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

**Transaction ID : SB21B.4831**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4840**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4841**

Amount of Each Disbursement this Period

24.48

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

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

8024.48

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement  
Shipping Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

Transaction ID : **SB21B.4841.0**

Amount of Each Disbursement this Period

24.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Andrew Gibson**

Mailing Address 10 Waterside Plaza  
Apt. 13E

City New York State NY Zip Code 10010

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB21B.4849**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Tara Hanson**

Mailing Address 424 West End Avenue Apt 5E

City New York State NY Zip Code 10024

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : **SB21B.4788**

Amount of Each Disbursement this Period

707.70

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

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

4707.70

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

**Transaction ID : SB21B.4788.0**

Amount of Each Disbursement this Period

4958.48
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Expedia**

Mailing Address 3150 139th Ave. SE

City Bellevue State WA Zip Code 98005

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

**Transaction ID : SB21B.4788.1**

Amount of Each Disbursement this Period

480.20
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Huckaby Davis Lisker**

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
FEC Accounting and Compliance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2015

**Transaction ID : SB21B.4804**

Amount of Each Disbursement this Period

4958.48
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4958.48
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4958.48
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

### A. Huckaby Davis Lisker

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
FEC Compliance and Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : SB21B.4827

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

### B. Huckaby Davis Lisker

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
FEC Compliance and Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

377.57

Full Name (Last, First, Middle Initial)

### C. iDonatePro

Mailing Address 144 W D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SB21B.4779

Amount of Each Disbursement this Period

250.00

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

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

4127.57

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. iDonatePro**

Mailing Address 144 W D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : **SB21B.4795**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. iDonatePro**

Mailing Address 144 W D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

Transaction ID : **SB21B.4812**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. iDonatePro**

Mailing Address 144 W D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : **SB21B.4819**

Amount of Each Disbursement this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. iDonatePro**

Mailing Address 144 W D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

**Transaction ID : SB21B.4830**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. iDonatePro**

Mailing Address 144 W D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB21B.4844**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Travel, Lodging, Office, Media Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

**Transaction ID : SB21B.4775**

Amount of Each Disbursement this Period

19073.24

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

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

19573.24

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Management and Policy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : SB21B.4782

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Travel, Lodging, Office, Media Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : SB21B.4783

Amount of Each Disbursement this Period

19073.24

Full Name (Last, First, Middle Initial)

**C. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Media Purchase (Non- IE Activity)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : SB21B.4801

Amount of Each Disbursement this Period

41725.00

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

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

75798.24

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Management and Policy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

Transaction ID : **SB21B.4802**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Travel, Lodging, Office, Media Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

Transaction ID : **SB21B.4803**

Amount of Each Disbursement this Period

15427.77

Full Name (Last, First, Middle Initial)

**C. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Management and Policy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

Transaction ID : **SB21B.4811**

Amount of Each Disbursement this Period

12000.00

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

42427.77

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Digital Advertising (Non-IE Activity)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

**Transaction ID : SB21B.4820**

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

**B. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Management and Policy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

**Transaction ID : SB21B.4823**

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

**C. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Travel, Lodging, Office, Media Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

**Transaction ID : SB21B.4832**

Amount of Each Disbursement this Period

57570.31

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

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

78570.31

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Management and Policy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2015

Transaction ID : SB21B.4833

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

**B. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Travel, Lodging, Office, Media Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB21B.4834

Amount of Each Disbursement this Period

9914.00

Full Name (Last, First, Middle Initial)

**C. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Management and Policy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB21B.4843

Amount of Each Disbursement this Period

12000.00

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

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

33914.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. In The Field LLC**

Mailing Address 1520 Myron St

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement  
Travel, Lodging, Office, Media Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21B.4847

Amount of Each Disbursement this Period

21725.29

Full Name (Last, First, Middle Initial)

**B. Jagged Edge Consultancy**

Mailing Address 26315 Lockwood Road

City Malibu State CA Zip Code 90265

Purpose of Disbursement  
Speechwriting Consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : SB21B.4805

Amount of Each Disbursement this Period

15517.00

Full Name (Last, First, Middle Initial)

**C. Allen James**

Mailing Address 5594 Townline Rd

City Samborn State NY Zip Code 14132

Purpose of Disbursement  
Travel Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : SB21B.4814

Amount of Each Disbursement this Period

540.55

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

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

37782.84

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. National Car Rental**

Mailing Address 600 Corporate Park Drive

City St Louis State MO Zip Code 63105

Purpose of Disbursement  
Rental Car

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : **SB21B.4814.0**

Amount of Each Disbursement this Period

427.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jeffery T. Buley, Esq.**

Mailing Address 50 State Street, 4th Floor

City Albany State NY Zip Code 12207

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

Transaction ID : **SB21B.4777**

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

**C. Jeffery T. Buley, Esq.**

Mailing Address 50 State Street, 4th Floor

City Albany State NY Zip Code 12207

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : **SB21B.4826**

Amount of Each Disbursement this Period

4950.00

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

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

13950.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Lacy Lynch**

Mailing Address 5301 Miramar Ln

City Colleyville State TX Zip Code 76034

Purpose of Disbursement  
Event Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : **SB21B.4772**

Amount of Each Disbursement this Period

160.21

Full Name (Last, First, Middle Initial)

**B. Mercury Public Affairs LLC**

Mailing Address 250 Greenwich St  
36th Fl

City New York State NY Zip Code 10007

Purpose of Disbursement  
Polling Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.4829**

Amount of Each Disbursement this Period

17180.00

Full Name (Last, First, Middle Initial)

**C. Movement Machine LLC**

Mailing Address 2201 Broadway, Suite 100

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Data Analytics

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : **SB21B.4785**

Amount of Each Disbursement this Period

100000.00

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

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

117340.21

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Pagonos O'Neill**

Mailing Address 355 Main Street

City Beacon State NY Zip Code 12508

Purpose of Disbursement  
Event Security

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : **SB21B.4780**

Amount of Each Disbursement this Period

3230.59

Full Name (Last, First, Middle Initial)

**B. Savanna Communications LLC**

Mailing Address 755 Sonne Drive

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Digital Media Placement (Non-IE Activity)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : **SB21B.4784**

Amount of Each Disbursement this Period

16029.91

Full Name (Last, First, Middle Initial)

**C. Savanna Communications LLC**

Mailing Address 755 Sonne Drive

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Digital Media Placement (Non-IE Activity)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.4797**

Amount of Each Disbursement this Period

14230.00

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

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

33490.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Tele-Town Hall LLC**

Mailing Address 4600 N Fairfax Dr  
Suite 802

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
Telecommunications Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : **SB21B.4771**

Amount of Each Disbursement this Period

287.34

Full Name (Last, First, Middle Initial)

**B. Matthew Varvaro**

Mailing Address 80 Soundview Dr

City Port Washington State NY Zip Code 11050

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.4764**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Matthew Varvaro**

Mailing Address 80 Soundview Dr

City Port Washington State NY Zip Code 11050

Purpose of Disbursement  
Travel Expense Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.4765**

Amount of Each Disbursement this Period

53.22

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

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

4340.56

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WE THE PEOPLE, NOT WASHINGTON**

Full Name (Last, First, Middle Initial)

**A. Verus LLC**

Mailing Address 101 Park Avenue  
Suite 2506

City New York State NY Zip Code 10178

Purpose of Disbursement  
Public Relations Consultant

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 15 / 2015

**Transaction ID : SB21B.4774**

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

**B. Aaron Zutler**

Mailing Address 3105 Avenue M

City Brooklyn State NY Zip Code 11210

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 27 / 2015

**Transaction ID : SB21B.4809**

Amount of Each Disbursement this Period

17200.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

29200.00

599733.72



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WE THE PEOPLE, NOT WASHINGTON</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571356
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>In The Field LLC</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>
Mailing Address 1520 Myron St	Amount <b>35985.00</b>
City Niskayuna	State NY
Zip Code 12309	<b>Transaction ID : SE.4751</b>
Purpose of Expenditure Media Purchase	Date of Disbursement or Obligation MM / DD / YYYY
Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate GEORGE E PATAKI	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	District: _____ State: <b>NH</b>
<b>35985.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
	2016

Full Name of Payee <b>In The Field LLC</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 06 / 2015</b>
Mailing Address 1520 Myron St	Amount <b>7500.00</b>
City Niskayuna	State NY
Zip Code 12309	<b>Transaction ID : SE.4754</b>
Purpose of Expenditure Media Purchase	Date of Disbursement or Obligation MM / DD / YYYY
Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate GEORGE E PATAKI	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	District: _____ State: <b>NH</b>
<b>43485.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
	2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>43485.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*David Satterfield*      **[Electronically Filed]**      Date **01 / 29 / 2016**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WE THE PEOPLE, NOT WASHINGTON</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00571356
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>In The Field LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2015</b>
Mailing Address 1520 Myron St		Amount <b>8400.00</b>
City Niskayuna	State NY	Zip Code 12309
Purpose of Expenditure Media Purchase	Category/Type	Transaction ID : <b>SE.4758</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>GEORGE E PATAKI</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought	<b>51885.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>In The Field LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2015</b>
Mailing Address 1520 Myron St		Amount <b>50000.00</b>
City Niskayuna	State NY	Zip Code 12309
Purpose of Expenditure Media Purchase	Category/Type	Transaction ID : <b>SE.4734</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 27 / 2015</b>
Name of Federal Candidate <b>GEORGE E PATAKI</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought	<b>108778.36</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>58400.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*David Satterfield*  
Signature

[Electronically Filed]

Date **01 / 29 / 2016**

