

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 87
New City NY 10956
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C C00557512
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
New City NY 10956 NY 17

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

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

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y 09 / 30 / 2014

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

Type or Print Name of Treasurer Cabell Hobbs
Signature of Treasurer Cabell Hobbs [Electronically Filed] Date M M / D D / Y Y Y Y 02 / 17 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Chris Day for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	46126.00	142556.14
(b) Total Contribution Refunds (from Line 20(d))	0.00	650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46126.00	141906.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	60792.80	106092.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60792.80	106092.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35813.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Chris Day for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33380.00	101818.00
(ii) Unitemized.....	10996.00	35229.14
(iii) TOTAL of contributions from individuals ▶	44376.00	137047.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1750.00	5509.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	46126.00	142556.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	46126.00	142556.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60792.80	106092.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	450.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	650.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	60792.80	106742.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50480.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46126.00
25. SUBTOTAL (add Line 23 and Line 24).....	96606.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60792.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35813.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
MR. SHIBU ABRAHAM

Mailing Address 31 STRAWBERRY HILL LN.

City CONGERS State NY Zip Code 10920-

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

Name of Employer NEW CITY LIBRARY Occupation FACILITY AND FINANCE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11.717

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SHIBU ABRAHAM

Mailing Address 31 STRAWBERRY HILL LN.

City CONGERS State NY Zip Code 10920-

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

Name of Employer NEW CITY LIBRARY Occupation FACILITY AND FINANCE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11.718

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK ALEXANDER

Mailing Address 16 PINE GLEN DRIVE

City BLAUVELT State NY Zip Code 10913-1150

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11.615

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT A. AXELROD

Mailing Address 79 RIDGE RD.

City NEW CITY State NY Zip Code 10956-6824

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

Name of Employer ROCKLAND COMMUNITY COLLEGE Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11.673

Amount of Each Receipt this Period
 CONTRIBUTION **225.00**

B. Full Name (Last, First, Middle Initial)
ROBERT A. AXELROD

Mailing Address 79 RIDGE RD.

City NEW CITY State NY Zip Code 10956-6824

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

Name of Employer ROCKLAND COMMUNITY COLLEGE Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11.714

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

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

Mailing Address 1 GILBERT PARK

City OSSINING State NY Zip Code 10562-5601

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

Name of Employer NY ENFORCEMENT SERVICES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1875.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA11.638

Amount of Each Receipt this Period
 CONTRIBUTION **375.00**

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT BECHNER

Mailing Address 5 LAUREN RD.

City PALISADES State NY Zip Code 10964-1001

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **599.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.682

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 65 KINGS HIGHWAY

City CONGERS State NY Zip Code 10920-2221

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

Name of Employer DJE PROPERTY MANAGEMENT, LLC Occupation PROPERTY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **579.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11.658

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address 65 KINGS HIGHWAY

City CONGERS State NY Zip Code 10920-2221

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

Name of Employer DJE PROPERTY MANAGEMENT, LLC Occupation PROPERTY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **579.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11.716

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 8 OF 56
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
JOSEPH E. CARVIN JR.

Mailing Address 55 HILLANDALE RD.

City State Zip Code
RYE BROOK NY 10573-1704

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

Name of Employer Occupation
ALTIMA PARTNERS FUND MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11.571

Amount of Each Receipt this Period
400.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD CAUNITZ

Mailing Address 45 STURBRIDGE CT.

City State Zip Code
NANUET NY 10954-1034

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
264.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.608

Amount of Each Receipt this Period
85.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENEVIEVE COFFEY

Mailing Address 484 BLAUVELT RD

City State Zip Code
PEARL RIVER NY 10965-2858

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
299.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.731

Amount of Each Receipt this Period
120.00
CONTRIBUTION

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

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

605.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 60 PARK DR. N

City RYE State NY Zip Code 10580-1830

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

Name of Employer CORPORATE RISK SOLUTIONS, LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11.575

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 60 PARK DR. N

City RYE State NY Zip Code 10580-1830

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

Name of Employer CORPORATE RISK SOLUTIONS, LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.575B

Amount of Each Receipt this Period
 -2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
PATRICIA D. COUGHLIN

Mailing Address 60 PARK DR. N

City RYE State NY Zip Code 10580-1830

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.576

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address **23 LAMBORN AVENUE**

City **CONGERS** State **NY** Zip Code **10920-2007**

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

Name of Employer **SELF** Occupation **INSURANCE EXEC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11.695

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address **100 SCARBOROUGH STATION RD.**

City **SCARBOROUGH** State **NY** Zip Code **10510-2028**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

Transaction ID : SA11.508

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address **100 SCARBOROUGH STATION RD.**

City **SCARBOROUGH** State **NY** Zip Code **10510-2028**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11.513

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

100.00

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 100 SCARBOROUGH STATION RD.

City SCARBOROUGH State NY Zip Code 10510-2028

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

Name of Employer **IMPACT INNOVATION SYSTEMS** Occupation **TRAINER/ FACILITATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11.512

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

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

Mailing Address 2 CAPRAL LN.

City NEW CITY State NY Zip Code 10956-3507

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.594

Amount of Each Receipt this Period
280.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEAN C. DAY

Mailing Address 2 CAPRAL LN.

City NEW CITY State NY Zip Code 10956-3507

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

Name of Employer **CCSD** Occupation **TEACHING ASSISTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11.664

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2880.00

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
DIANE L. DECICCO

Mailing Address 33 WESTERLY DR.

City State Zip Code
NEW CITY NY 10956-6656

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.683

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN C. DEMILIA

Mailing Address 168 BEEKMAN AVE.

City State Zip Code
SLEEPY HOLLOW NY 10591-2444

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
395.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11.572

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 168 BEEKMAN AVE.

City State Zip Code
SLEEPY HOLLOW NY 10591-2444

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
395.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11.659

Amount of Each Receipt this Period
120.00

CONTRIBUTION

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

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

420.00

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

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 168 BEEKMAN AVE.

City State Zip Code
SLEEPY HOLLOW NY 10591-2444

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
395.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11.688

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CORTES E. DERUSSY

Mailing Address 50 HAMPSHIRE RD.

City State Zip Code
BRONXVILLE NY 10708-5820

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

Name of Employer Occupation
NORTHERN LEASING SYSTEMS, INC. LEASING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11.579

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

Mailing Address 53 GREEN RD.

City State Zip Code
WEST NYACK NY 10994-2626

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

Name of Employer Occupation
ROCKLAND COUNTY ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11.689

Amount of Each Receipt this Period
120.00
 CONTRIBUTION

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

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

595.00

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

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
JERRY DONNELLAN
 Mailing Address 354 BOXBERGER RD.
 City State Zip Code
 VALLEY COTTAGE NY 10989-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ROCKLAND COUNTY VETERANS DIRECTOR
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 29 2014
Transaction ID : SA11.676
 Amount of Each Receipt this Period
 120.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
YARON EITAN
 Mailing Address 10 MCGARTH DR.
 City State Zip Code
 CRESSKILL NJ 07626-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELWAY CAPITAL MANAGING PARTNER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 23 2014
Transaction ID : SA11.726
 Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION
 SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
HAGAR EITAN
 Mailing Address 10 MCGARTH DR.
 City State Zip Code
 CRESSKILL NJ 07626-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 25 2014
Transaction ID : SA11.738
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

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

5320.00

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
YARON EITAN

Mailing Address 10 MCGARTH DR.

City State Zip Code
CRESSKILL NJ 07626-1745

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

Name of Employer Occupation
SELWAY CAPITAL MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.726B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

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

Mailing Address 29 MILE RD.

City State Zip Code
SUFFERN NY 10901-3919

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1275.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.593

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EUGENE W. ERICKSON

Mailing Address 179 WEST MAPLE AVE.

City State Zip Code
MONSEY NY 10952-1733

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11.558

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address **PRESCHOOL FUNLAND**

City **BLAUVELT** State **NY** Zip Code **10913-**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 14 / 2014

Transaction ID : SA11.650

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **26 LAKEWARD AVE.**

City **CONGERS** State **NY** Zip Code **10920-2053**

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

Name of Employer **PENTEGRA SERVICES, INC.** Occupation **DIRECTOR-INTERNAL AUDIT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **554.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.605

Amount of Each Receipt this Period
120.00
 CONTRIBUTION

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

Mailing Address **26 LAKEWARD AVE.**

City **CONGERS** State **NY** Zip Code **10920-2053**

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

Name of Employer **PENTEGRA SERVICES, INC.** Occupation **DIRECTOR-INTERNAL AUDIT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **554.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.729

Amount of Each Receipt this Period
60.00
 CONTRIBUTION

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

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

680.00

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

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

FOR LINE NUMBER: PAGE 17 OF 56
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
NANCY FREMONT

Mailing Address **26 LAKEWARD AVE.**

City **CONGERS** State **NY** Zip Code **10920-2053**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
365.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.678

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY FREMONT

Mailing Address **26 LAKEWARD AVE.**

City **CONGERS** State **NY** Zip Code **10920-2053**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
365.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11.781

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAN GALLIGAN

Mailing Address **6 DERBY LANE**

City **NEW CITY** State **NY** Zip Code **10956-6603**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11.704

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
PHILIP GIGANTE

Mailing Address 329 DOREMUS AVE

City State Zip Code
NEWARK NJ 07105-4831

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

Name of Employer Occupation
BBT SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2014

Transaction ID : SA11.632

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANCISCO GONZALEZ

Mailing Address 6 PHILLIPS DR.

City State Zip Code
STONY POINT NY 10980-3451

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

Name of Employer Occupation
PORT AUTHORITY OF NY & NJ POLICE INVESTIGATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11.554

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANCISCO GONZALEZ

Mailing Address 6 PHILLIPS DR.

City State Zip Code
STONY POINT NY 10980-3451

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

Name of Employer Occupation
PORT AUTHORITY OF NY & NJ POLICE INVESTIGATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11.693

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
GERALD HEILPERN

Mailing Address 9 FIELDSTONE CT.

City NEW CITY State NY Zip Code 10956-6859

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

Name of Employer KOVACK SECURITIES Occupation V. P.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11.687

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD F. HUBERT

Mailing Address 53 DORAL GREENS DR. W

City RYE BROOK State NY Zip Code 10573-5403

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11.578

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address 63 COTTONWOOD LN.

City BRIARCLIFF MANOR State NY Zip Code 10510-2140

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

Name of Employer PROPEL ORTHODONTICS Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014

Transaction ID : SA11.652

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 20 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
STUART KIRSHNER

Mailing Address 22 VAN GOGH LN.

City State Zip Code
SUFFERN NY 10901-7725

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11.547

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STUART KIRSHNER

Mailing Address 22 VAN GOGH LN.

City State Zip Code
SUFFERN NY 10901-7725

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11.709

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH R. LAGANA

Mailing Address 7 WOODWARD RD.

City State Zip Code
WEST NYACK NY 10994-2910

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

Name of Employer Occupation
USIS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11.722

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 21 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
LEORA LEVY

Mailing Address **59 PECKSLAND ROAD**

City **GREENWICH** State **CT** Zip Code **06831-3711**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 06 / 2014

Transaction ID : SA11.646

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOB MARINO

Mailing Address **14 INDIAN DR.**

City **STONY POINT** State **NY** Zip Code **10980-3441**

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

Name of Employer **U.S. FOODS** Occupation **MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.734

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **10 HILLSIDE AVE.**

City **PLEASANTVILLE** State **NY** Zip Code **10570-1910**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11.782

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 12 WHEELERS PLACE W

City WEST NYACK State NY Zip Code 10994-2909

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **419.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.668

Amount of Each Receipt this Period
120.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY ALICE MASCOLA

Mailing Address 12 WHEELERS PLACE W

City WEST NYACK State NY Zip Code 10994-2909

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **419.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.675

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HECTOR A. MAY

Mailing Address 3 DUTCHESS DR.

City ORANBURG State NY Zip Code 10962-2700

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

Name of Employer EXECUTIVE COMPENSATION PLANNERS Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.727

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

820.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
JAMES P. MCCAULEY JR.

Mailing Address **24 HIGHLAND AVE.**

City **CHAPPAQUA** State **NY** Zip Code **10514-3413**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENT ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11.556

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **11 S. HIGHLAND AVE**

City **PEARL RIVER** State **NY** Zip Code **10965-1616**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
380.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11.560

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **11 S. HIGHLAND AVE**

City **PEARL RIVER** State **NY** Zip Code **10965-1616**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
380.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11.629

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address **2 FUERTH CT.**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **515.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11.775

Amount of Each Receipt this Period
60.00
 CONTRIBUTION

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

Mailing Address **6 WYNDHAM CT.**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.672

Amount of Each Receipt this Period
120.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERIK A. NICOLAYSEN

Mailing Address **PO BOX 108**

City **CHAPPAQUA** State **NY** Zip Code **10514-0108**

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

Name of Employer **NICOLAYSEN AGENCY, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11.690

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

680.00

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

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

FOR LINE NUMBER: PAGE 25 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
JOHN O'CONNELL

Mailing Address 5 HANNAH LN.

City VALLEY COTTAGE State NY Zip Code 10989-1308

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 229.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.595

Amount of Each Receipt this Period
 _____ 50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DANIEL O'KANE

Mailing Address 15 SOLURI LN.

City TOMKINS COVE State NY Zip Code 10986-1309

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

Name of Employer SELF-EMPLOYED Occupation BUILDING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11.662

Amount of Each Receipt this Period
 _____ 200.00

CONTRIBUTION

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

Mailing Address 2 COVEWOOD DRIVE

City NORWALK State CT Zip Code 06853-2001

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11.705

Amount of Each Receipt this Period
 _____ 500.00

CONTRIBUTION

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

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

_____ 750.00

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

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

FOR LINE NUMBER: PAGE 26 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
PATRICIA POWER

Mailing Address 5 ASSEMBLY COURT

City NEW CITY State NY Zip Code 10956-6901

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

Name of Employer LOCKTON Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11.565

Amount of Each Receipt this Period
 85.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATRICIA POWER

Mailing Address 5 ASSEMBLY COURT

City NEW CITY State NY Zip Code 10956-6901

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

Name of Employer LOCKTON Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2014

Transaction ID : SA11.635

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

Mailing Address 58 PINEBROOK RD.

City MONSEY State NY Zip Code 10952-5222

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

Name of Employer ROCKLAND COUNTY Occupation PUBLIC POLICY AND INTERGOVERNMENT I

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
234.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11.728

Amount of Each Receipt this Period
 60.00
 CONTRIBUTION

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

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

345.00

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

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

FOR LINE NUMBER: PAGE 27 OF 56
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
LT. COL. JOSE G. ROSA
Mailing Address 43 PROSPECT ST.
City State Zip Code
GARNERVILLE NY 10923-1214
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UNITED STATES ARMY LIEUTENANT COLONEL
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 30 2014
Transaction ID : SA11.598
Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK ROSEN
Mailing Address 744 FOREST AVENUE
City State Zip Code
LARCHMONT NY 10538-1314
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CITIGROUP FINANCIAL SERVICES
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
07 17 2014
Transaction ID : SA11.552
Amount of Each Receipt this Period
150.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK ROSEN
Mailing Address 744 FOREST AVENUE
City State Zip Code
LARCHMONT NY 10538-1314
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CITIGROUP FINANCIAL SERVICES
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2014
Transaction ID : SA11.745
Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 128 WASHINGTON AVE.

City State Zip Code
SUFFERN NY 10901-6246

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

Name of Employer Occupation
ROCKLAND COUNTY SHERIFF OFFICE POLICE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1039.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.606

Amount of Each Receipt this Period
170.00

CONTRIBUTION

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

Mailing Address 128 WASHINGTON AVE.

City State Zip Code
SUFFERN NY 10901-6246

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

Name of Employer Occupation
ROCKLAND COUNTY SHERIFF OFFICE POLICE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1039.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2014

Transaction ID : SA11.708

Amount of Each Receipt this Period
120.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DOUGLAS B. SCHAPER

Mailing Address 8 CLINTON LN.

City State Zip Code
HARRISON NY 10528-1402

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

Name of Employer Occupation
A&E CHARITABLE FOUNDATION SECRETARY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11.610

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

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

590.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
DIANNE M. SCHIRIPA

Mailing Address 25-206 COLLEGE AVE.

City NANUET State NY Zip Code 10954-3038

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

Name of Employer GREENBURGH ELEVEN UNION FREE SCHO Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
379.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.677

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM E. SHERWOOD

Mailing Address 10 WILES DR.

City STONY POINT State NY Zip Code 10980-2412

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

Name of Employer NY STATE SUPREME COURT Occupation JUDGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
320.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11.674

Amount of Each Receipt this Period
120.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALFRED SPECTOR

Mailing Address 45 IDEN AVE

City PELHAM State NY Zip Code 10803-2113

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

Name of Employer GOOGLE Occupation RESEARCH LEADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11.519

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

570.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
BURT STEINBERG

Mailing Address **2 GLEN EAGLES COURT**

City **NEW CITY** State **NY** Zip Code **10956-5500**

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

Name of Employer **BSRC** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11.546

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY STOLATIS

Mailing Address **343 OLD SLEEPY HOLLOW RD.**

City **PLEASANTVILLE** State **NY** Zip Code **10570-3807**

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

Name of Employer **COLDWELL BANKER** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
380.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11.788

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEORGE STRAYTON

Mailing Address **606 KNOLLWOOD CT.**

City **VALLEY COTTAGE** State **NY** Zip Code **10989-1600**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
479.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.681

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

1950.00

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

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

FOR LINE NUMBER: PAGE 31 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
GEORGE STRAYTON

Mailing Address 606 KNOLLWOOD CT.

City State Zip Code
VALLEY COTTAGE NY 10989-1600

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
479.00

Date of Receipt
 M M / D D / Y Y Y Y
09 24 2014

Transaction ID : SA11.730

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENE SUSSMAN

Mailing Address 48 SEALY DR.

City State Zip Code
LAWRENCE NY 11559-2420

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

Name of Employer Occupation
NEXTLANDING COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 10 2014

Transaction ID : SA11.648

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHAJAN S. THOTTAKARA

Mailing Address 16 DUANE AVE.

City State Zip Code
NEW CITY NY 10956-4940

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

Name of Employer Occupation
ROCKLAND COUNTY ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 19 2014

Transaction ID : SA11.719

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
PAUL W. VALENTINE

Mailing Address **20 BUTTONWOOD PL.**

City **BLAUVELT** State **NY** Zip Code **10913-1602**

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

Name of Employer **VALENTINE ELECTRIC** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.603

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM WEBER

Mailing Address **16 ROSE HILL ROAD**

City **MONTEBELLO** State **NY** Zip Code **10901-3204**

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

Name of Employer **TURCO GOLF INC** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 18 / 2014

Transaction ID : SA11.701

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **134 WEST 26 STREET**

City **NEW YORK** State **NY** Zip Code **10001-6803**

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

Name of Employer **ATLANTIC, TOMORROWS OFFICE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11.585

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 33 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
NY FINEST INVESTIGATIVE SERVICES, LLC

Mailing Address 643 MAIN ST.

City State Zip Code
SPARKILL NY 10976-1209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11.670

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address 1 SOUTH RIDGE RD.

City State Zip Code
POMONA NY 10970-2105

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

Name of Employer Occupation
NY FINEST PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11.741

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MICHAEL O'BRIEN

Mailing Address 24 CULVER DR.

City State Zip Code
NEW CITY NY 10956-2325

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

Name of Employer Occupation
NY FINEST PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11.742

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

[MEMO ITEM]

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

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

1000.00

33380.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 56
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

Mailing Address **PO BOX 70**

City **OSSINING** State **NY** Zip Code **10562-0070**

FEC ID number of contributing federal political committee. **C C00278689**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.759

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LIGHTHOUSE PAC

Mailing Address **1 REMINGTON PARK DR.**

City **CAZENOVIA** State **NY** Zip Code **13035-9469**

FEC ID number of contributing federal political committee. **C C00500785**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11.724

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NEW YORK STATE CONSERVATIVE PARTY FEDERAL ACCT.

Mailing Address **486 78TH STREET**

City **BROOKLYN** State **NY** Zip Code **11209-3404**

FEC ID number of contributing federal political committee. **C C00282343**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11.660

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1750.00

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. IAN MILLER		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 63 EAST RD		Amount of Each Disbursement this Period 665.94 Transaction ID : SB17.345
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement CAMPAIGN CONSULTING/TRAVEL- MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. IAN MILLER		Date of Disbursement MM / DD / YYYY 09 / 16 / 2014
Mailing Address 63 EAST RD		Amount of Each Disbursement this Period 510.00 Transaction ID : SB17.346
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement CAMPAIGN CONSULTING/TRAVEL- MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ALIGRAPHICS		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 333 WESTCHESTER AVE SUITE N101		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.405
City WHITE PLAINS State NY Zip Code 10604	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2025.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 200 VESEY ST.			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.355
City NEW YORK	State NY	Zip Code 10285	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 200 VESEY ST.			Amount of Each Disbursement this Period 149.92 Transaction ID : SB17.357
City NEW YORK	State NY	Zip Code 10285	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 200 VESEY ST.			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.360
City NEW YORK	State NY	Zip Code 10285	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	165.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 200 VESEY ST.		Amount of Each Disbursement this Period 33.72
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.361
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 200 VESEY ST.		Amount of Each Disbursement this Period 7.95
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.364
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 200 VESEY ST.		Amount of Each Disbursement this Period 63.46
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.366
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	105.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. BRYON C MCKIM		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 14 WILKINS AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.381
City COLONIE State NY Zip Code 12205	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BRYON C MCKIM		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 14 WILKINS AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.382
City COLONIE State NY Zip Code 12205	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 266.68 Transaction ID : SB17.354
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4266.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 210.15 Transaction ID : SB17.358
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 53.05 Transaction ID : SB17.363
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 32.00 Transaction ID : SB17.367
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	210.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 81.73
City VIENNA State VA Zip Code 22182	Transaction ID : SB17.368	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 45.23
City VIENNA State VA Zip Code 22182	Transaction ID : SB17.369	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 48.35
City VIENNA State VA Zip Code 22182	Transaction ID : SB17.370	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	175.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.371
City VIENNA State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.372
City VIENNA State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.373
City VIENNA State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2394.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)
A. COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2014

Amount of Each Disbursement this Period: 1850.00

Transaction ID : SB17.352

Full Name (Last, First, Middle Initial)
B. COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 3700.00

Transaction ID : SB17.353

Full Name (Last, First, Middle Initial)
C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 28 / 2014

Amount of Each Disbursement this Period: 158.50

Transaction ID : SB17.425

SUBTOTAL of Disbursements This Page (optional) 5708.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. CONSTANT CONTACT		Date of Disbursement
Mailing Address 1601 TRAPELO RD		M M / D D / Y Y Y Y 08 / 27 / 2014
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 211.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CONSTANT CONTACT		Date of Disbursement
Mailing Address 1601 TRAPELO RD		M M / D D / Y Y Y Y 09 / 29 / 2014
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 211.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. E-MERCHANT SOLUTIONS		Date of Disbursement
Mailing Address 920 N ARGONNE STE 200		M M / D D / Y Y Y Y 07 / 03 / 2014
City SPOKANE	State WA	Zip Code 99212
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Candidate Name	Amount of Each Disbursement this Period 158.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	581.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. E-MERCHANT SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 920 N ARGONNE STE 200

City SPOKANE State WA Zip Code 99212

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 07 / 2014

Amount of Each Disbursement this Period: 162.83

Transaction ID : SB17.362

B. EXECUTIVE STAR

Full Name (Last, First, Middle Initial)
Mailing Address 180 E PROSPECT AVE

City MAMARONECK State NY Zip Code 10543

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 25 / 2014

Amount of Each Disbursement this Period: 2495.00

Transaction ID : SB17.409

C. FACEBOOK

Full Name (Last, First, Middle Initial)
Mailing Address 1601 WILLOW RD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 444.50

Transaction ID : SB17.384

SUBTOTAL of Disbursements This Page (optional) 3102.33

TOTAL This Period (last page this line number only)

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

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

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

NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 574.93 Transaction ID : SB17.385
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 648.00 Transaction ID : SB17.386
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 750.23 Transaction ID : SB17.388
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1973.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. GET OUT THE VOTE

Full Name (Last, First, Middle Initial)
Mailing Address 100 WEST 39TH ST PENTHOUSE F

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 1746.54

Transaction ID : SB17.424

B. JOE & JOE'S RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 65 E CENTRAL AVE

City PEARL RIVER State NY Zip Code 10965

Purpose of Disbursement FACILITY RENTAL / FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 25 / 2014

Amount of Each Disbursement this Period: 450.00

Transaction ID : SB17.376

C. LYNCH'S RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 79 SOUTH LIBERTY DR

City STONY POINT State NY Zip Code 10980

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2014

Amount of Each Disbursement this Period: 624.00

Transaction ID : SB17.380

SUBTOTAL of Disbursements This Page (optional) 2820.54

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. MAINLY MONOGRAMS

Full Name (Last, First, Middle Initial)
Mailing Address 260 WEST NYACK RD

City WEST NYACK State NY Zip Code 10994

Purpose of Disbursement PRINTING- T-SHIRTS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 247.50

Transaction ID : SB17.408

B. MICHELLE RAY

Full Name (Last, First, Middle Initial)
Mailing Address 2300 VESTA CIRCLE

City LAFAYETTE State CO Zip Code 80026

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.377

C. MINUTEMAN PRESS

Full Name (Last, First, Middle Initial)
Mailing Address 55 SOUTH MAIN STREET

City NEW CITY State NY Zip Code 10956

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2014

Amount of Each Disbursement this Period: 29.26

Transaction ID : SB17.406

SUBTOTAL of Disbursements This Page (optional) 1276.76

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. NORTHERN COMFORT CATERING LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 32 OLD TAPPAN RD			Amount of Each Disbursement this Period 1400.00	
City TAPPAN	State NY	Zip Code 10983	Transaction ID : SB17.347	
Purpose of Disbursement CATERING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PASQUALES RISTORANT			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 143 RAYMOND RD.			Amount of Each Disbursement this Period 568.26	
City CANDIA	State NH	Zip Code 03034	Transaction ID : SB17.348	
Purpose of Disbursement CATERING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STAR PRESS			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address PO BOX 2408			Amount of Each Disbursement this Period 250.00	
City MUNCIE	State IN	Zip Code 47307	Transaction ID : SB17.387	
Purpose of Disbursement MEDIA		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2218.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. SUNSET COVE		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 238 GREEN ST.		Amount of Each Disbursement this Period 240.73 Transaction ID : SB17.350
City TARRYTOWN	State NY	
Zip Code 10591	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE CASALE GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3400.00 Transaction ID : SB17.390
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE CASALE GROUP		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3400.00 Transaction ID : SB17.391
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7040.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. THE CASALE GROUP		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3400.00 Transaction ID : SB17.392
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE CASALE GROUP		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3400.00 Transaction ID : SB17.393
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE MAILHOUSE		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 614 CORPORATE WAY SUITE 8		Amount of Each Disbursement this Period 602.16 Transaction ID : SB17.410
City VALLEY COTTAGE	State NY	
Zip Code 10989	Purpose of Disbursement PRINTING/POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7402.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)
A. THE MAILHOUSE

Mailing Address 614 CORPORATE WAY SUITE 8

City VALLEY COTTAGE State NY Zip Code 10989

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 05 / 2014

Amount of Each Disbursement this Period: 453.66

Transaction ID : SB17.411

Full Name (Last, First, Middle Initial)
B. THE PROSPER GROUP CORPORATION

Mailing Address 435 EAST MAIN ST STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement LIST PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 19 / 2014

Amount of Each Disbursement this Period: 3094.10

Transaction ID : SB17.383

Full Name (Last, First, Middle Initial)
C. TOWN OF RAMAPO

Mailing Address 237 NEW YORK RT 59

City AIRMONT State NY Zip Code 10901

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.415

SUBTOTAL of Disbursements This Page (optional) 3647.76

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. TOWN OF RAMAPO		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 237 NEW YORK RT 59		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.418
City AIRMONT	State NY	
Zip Code 10901	Purpose of Disbursement REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TOWN OF STONY POINT		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 74 EAST MAIN ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.416
City STONY POINT	State NY	
Zip Code 10980	Purpose of Disbursement REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17.395
City WASHINGTON	State DC	
Zip Code 20060	Purpose of Disbursement POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	449.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		05		2014
M M	/	D D	/	Y Y Y Y								
08		05		2014								
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period										
City	State		Zip Code									
WASHINGTON	DC	20060										
Purpose of Disbursement POSTAGE		<table border="1"> <tr> <td>49.00</td> </tr> </table>	49.00									
49.00												
Candidate Name												
Office Sought:		Transaction ID : SB17.396										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input type="checkbox"/> General											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		02		2014
M M	/	D D	/	Y Y Y Y								
09		02		2014								
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period										
City	State		Zip Code									
WASHINGTON	DC	20060										
Purpose of Disbursement POSTAGE		<table border="1"> <tr> <td>8.09</td> </tr> </table>	8.09									
8.09												
Candidate Name												
Office Sought:		Transaction ID : SB17.397										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input type="checkbox"/> General											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		03		2014
M M	/	D D	/	Y Y Y Y								
09		03		2014								
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period										
City	State		Zip Code									
WASHINGTON	DC	20060										
Purpose of Disbursement POSTAGE		<table border="1"> <tr> <td>55.38</td> </tr> </table>	55.38									
55.38												
Candidate Name												
Office Sought:		Transaction ID : SB17.398										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input type="checkbox"/> General											
State:	District:											

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>112.47</td> </tr> </table>	112.47
112.47		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period 7.94
City WASHINGTON State DC Zip Code 20060	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.399
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period 42.99
City WASHINGTON State DC Zip Code 20060	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.400
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 475 L'ENFANT PLAZA SW, RM4012		Amount of Each Disbursement this Period 49.00
City WASHINGTON State DC Zip Code 20060	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.401
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	99.93
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. VILLAGE OF MONTEBELLO

Full Name (Last, First, Middle Initial)
Mailing Address 1 MONTEBELLO RD

City SUFFERN State NY Zip Code 10901

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.413

B. VILLAGE OF SLOATSBURG

Full Name (Last, First, Middle Initial)
Mailing Address 96 ORANGE TURNPIKE

City SLOATSBURG State NY Zip Code 10974

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.414

C. VILLAGE OF SLOATSBURG

Full Name (Last, First, Middle Initial)
Mailing Address 96 ORANGE TURNPIKE

City SLOATSBURG State NY Zip Code 10974

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.417

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. VINYLTECH SIGNS & DECALS INC		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 111 INDUSTRIAL PARK RD		Amount of Each Disbursement this Period 9750.50 Transaction ID : SB17.407
City PRATTVILLE	State AL	
Zip Code 36067	Purpose of Disbursement PRINTING- SIGNS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VRM HQ		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 190 MONROE AVE NW FIFTH FL		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.422
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement SUBSCRIPTIONS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ZAPATA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 779 NEW YORK 340		Amount of Each Disbursement this Period 2034.08 Transaction ID : SB17.349
City PALISADES	State NY	
Zip Code 10964	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	13034.58
TOTAL This Period (last page this line number only).....	59310.86