

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 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))....	1224742.20	2859722.84
(b) Total Contribution Refunds (from Line 20(d))	21860.00	38885.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1202882.20	2820837.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1465958.06	3386974.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16992.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1465958.06	3369982.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	167206.27	
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).....	1170319.48	

For further information contact:

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

This report is being amended to reflect a disbursement towards fundraising consulting made on 10/16/2014 for \$15,000.00 that was inadvertently excluded. Cash on hand has been adjusted accordingly.

Form/Schedule:
Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
151900.00	1378810.91	0.00
(ii) Unitemized		
12153.00	70098.39	50.00
(iii) Total of contributions from individuals		
164053.00	1448909.30	50.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
54150.00	327264.43	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 159

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
1006539.20	1083549.11	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
1224742.20	2859722.84	50.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
2477.84	18005.49	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	632060.84	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	632060.84	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	16992.25	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	51.09	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
1227220.04	3526832.51	50.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 159

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

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

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="1465958.06"/>	<input type="text" value="3386974.81"/>	<input type="text" value="21810.59"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="63500.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="63500.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="21860.00"/>	<input type="text" value="33885.00"/>	<input type="text" value="25.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 159

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	5000.00	0.00
------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

21860.00	38885.00	25.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1487818.06	3489359.81	21835.59
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

1202882.20	2820837.84	25.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1465958.06	3369982.56	21810.59
------------	------------	----------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	427804.29
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	1227220.04
25. SUBTOTAL (add Line 23 and Line 24).....	1655024.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1487818.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	167206.27

**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 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
JUDITH B. ABEL

Mailing Address 200 DIPLOMAT DRIVE
5K

City State Zip Code
MOUNT KISCO NY 10549

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

Name of Employer Occupation
SELF MUSICIAN/TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 20 2014

Transaction ID : SA11AI.19022

Amount of Each Receipt this Period
25.00

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

Mailing Address 12 CRAWFORD DR

City State Zip Code
TUCKAHOE NY 10707

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 23 2014

Transaction ID : SA11AI.19087

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DALE ANDERSON

Mailing Address 927 WESTOVER ROAD

City State Zip Code
STAMFORD CT 06902

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : SA11AI.19289

Amount of Each Receipt this Period
500.00

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

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

1025.00

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

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

FOR LINE NUMBER: PAGE 9 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **2 EDEN HUNT PL**

City **ARMONK** State **NY** Zip Code **10504**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.18950

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
BARRY BAER

Mailing Address **5 SURREY LANE**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer
NORTHERN WESTCHESTER ANESTHESIOLOGI

Occupation
ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.19442

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ALLISON BAMFORD

Mailing Address **133 NARROWS RD**

City **BEDFORD HILLS** State **NY** Zip Code **10507**

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

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19346

Amount of Each Receipt this Period
1000.00

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

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

1800.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **22 OLD MILL ROAD**

City **WALLKILL** State **NY** Zip Code **12589**

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

Name of Employer **BARTON CHEVROLET INC** Occupation **AUTO DEALER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.19023

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ALAN BERKELEY

Mailing Address **11 COOPER ROAD**

City **SCARSDALE** State **NY** Zip Code **10583**

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

Name of Employer **NYU SCHOOL OF MEDICINE** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.18970

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RALPH BERNSTEIN

Mailing Address **235 BALDWIN ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549**

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

Name of Employer **AMERICA'S TOWER PARTNERS** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.19231

Amount of Each Receipt this Period
2600.00

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

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

3850.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
WILLING L. BIDDLE

Mailing Address 53 ELMWOOD ROAD

City SOUTH SALEM State NY Zip Code 10590

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

Name of Employer Occupation
URSTADT BIDDLE PROPERTIES, INC. COMMERCIAL REAL ESTATE BROKER

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
 10 / 27 / 2014

Transaction ID : SA11AI.19140

Amount of Each Receipt this Period
500.00

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

Mailing Address 2 MIDDLE PATENT RD.

City ARMONK State NY Zip Code 10504-2802

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

Name of Employer Occupation
BOIES, SCHILLER & FLEXNER ATTORNEY

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
 10 / 27 / 2014

Transaction ID : SA11AI.19124

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRUCE BOND

Mailing Address 44 BUTLER HILL ROAD

City Somers State NY Zip Code 10589

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

Name of Employer Occupation
GARTNER BUSINESS EXECUTIVE

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
 10 / 24 / 2014

Transaction ID : SA11AI.19107

Amount of Each Receipt this Period
250.00

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

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

1250.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) BRUCE BOND		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 44 BUTLER HILL ROAD		Transaction ID : SA11AI.19212
City Somers	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer GARTNER	Occupation BUSINESS EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) WALTER F. BOTTGER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 21 EAST 87TH STREET 4-A		Transaction ID : SA11AI.19136
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BERKMAN BOTTGER NEWMAN & RODD, LLP	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) MR. MARK J. BOTTINI		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 19 REEN ROAD		Transaction ID : SA11AI.19192
City NEW HAMBURG	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer BOTTINI FUEL	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
DR. JAMES BREEDEN

Mailing Address 1775 CHAPARRAL

City State Zip Code
CARSON CITY NV 89703

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

Name of Employer Occupation
CARSON MEDICAL GROUP OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2014

Transaction ID : SA11AI.18999

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. DAVID L. BRONSON

Mailing Address 70 OLD PLANK LANE

City State Zip Code
MORELAND HILLS OH 44022

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

Name of Employer Occupation
CLEVELAND CLINIC PHYSICIAN/EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.19432

Amount of Each Receipt this Period
500.00

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

Mailing Address 805 59TH STREET

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
THE IOWA CLINIC 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
11 / 02 / 2014

Transaction ID : SA11AI.19424

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
JUDY BUKOSKY

Mailing Address 5302 SUMMERWOOD DRIVE

City State Zip Code
TEMPLE TX 76502

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.19455

Amount of Each Receipt this Period
100.00

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

Mailing Address 5302 SUMMERWOOD DRIVE

City State Zip Code
TEMPLE TX 76502

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.19454

Amount of Each Receipt this Period
500.00

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

Mailing Address 71 OLD OSCALETA ROAD

City State Zip Code
SOUTH SALEM NY 10590

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

Name of Employer Occupation
TRADE ASSOCIATION MANAGEMENT EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.19213

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 15 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
RICHARD BYRNE

Mailing Address 71 OLD OSCALETA ROAD

City SOUTH SALEM State NY Zip Code 10590

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

Name of Employer TRADE ASSOCIATION MANAGEMENT Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.19490

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KEVIN CALLAGHAN

Mailing Address 13 HASBROUCK DRIVE

City POUGHKEEPSIE State NY Zip Code 12603

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

Name of Employer MARIST COLLEGE Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.19477

Amount of Each Receipt this Period
50.00

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

Mailing Address 20 HIGH MEADOWS RD

City MT KISCO State NY Zip Code 10549

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 Y
 10 / 28 / 2014

Transaction ID : SA11AI.19217

Amount of Each Receipt this Period
50.00

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

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

600.00

**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 11b 11c 11d
 12 13a 13b 14 15
 PAGE 16 OF 159

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
SUSAN CARLSON

Mailing Address 620 GUARD HILL ROAD

City State Zip Code
 BEDFORD NY 10506

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

Name of Employer Occupation
 SELF-EMPLOYED INTERIOR DESIGNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.19417

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
DR. EVA CHALAS

Mailing Address 27 FRANKLIN COURT

City State Zip Code
 GARDEN CITY NY 11530

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

Name of Employer Occupation
 WINTHROP UNIVERSITY HOSPITAL CHIEF, DIVISION OF GYNECOLOGIC ONCO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.19449

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
NICOLAS CHASE

Mailing Address 32 STAPLETON COURT

City State Zip Code
 MIDDLETOWN NY 10940

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

Name of Employer Occupation
 ENTERGY NUCLEAR PLANT OPERATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.18979

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) MR. BEN H CHEEK M.D.		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1626 SUMMIT DR		Transaction ID : SA11AI.19515
City COLUMBUS	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) STEVEN CLEMENS		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 9 YORK ROAD		Transaction ID : SA11AI.18935
City LARCHMONT	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KIRKLAND & ELLIS LLP	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) WAYNE COHEN		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 25 DEEPWOOD RD		Transaction ID : SA11AI.19198
City BEDFORD	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OZ MANAGEMENT LP	Occupation COO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 1223 ROUTE 82

City HOPEWELL JUNCTION State NY Zip Code 12533

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
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.19049

Amount of Each Receipt this Period
25.00

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

Mailing Address 42 WEST 24TH ST

City NEW YORK State NY Zip Code 10010

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

Name of Employer CASTLE CONNOLLY MEDICAL LTD. Occupation RESEARCH

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.19336

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
FRANCIS CROSSON

Mailing Address 1491 HAMILTON AVENUE

City PALO ALTO State CA Zip Code 94301

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.19452

Amount of Each Receipt this Period
500.00

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

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

725.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ANTHONY DEUSENBERY

Mailing Address 8720 EELPOT ROAD

City State Zip Code
NAPLES NY 14512

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

Name of Employer Occupation
OTIS EASTERN SERVICE VP

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
 11 / 04 / 2014

Transaction ID : SA11AI.19503

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WILLEM DE VOGEL

Mailing Address 115 CHARLIE HILL RD

City State Zip Code
MILLERTON NY 12546

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
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.18918

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLEM DE VOGEL

Mailing Address 115 CHARLIE HILL RD

City State Zip Code
MILLERTON NY 12546

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
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.19048

Amount of Each Receipt this Period
300.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ALAN DLUGASH

Mailing Address **622 3RD AVENUE**

City **NEW YORK** State **NY** Zip Code **10017-6707**

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

Name of Employer **ALAN J DLUGASH LLC** Occupation **ACCOUNTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19385

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CARMEN R. DUBALDI JR.

Mailing Address **P.O. BOX 4276**

City **NEW WINDSOR** State **NY** Zip Code **12553**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19405

Amount of Each Receipt this Period
250.00

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

Mailing Address **180 EAST END AVENUE**

City **NEW YORK** State **NY** Zip Code **10128**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.19431

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
TERESA C. EGITTO

Mailing Address 15 EMANS ROAD

City State Zip Code
LAGRANGEVILLE NY 12540-6005

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HUDSON VALLEY CENTER ADMINISTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19157

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PAUL ERNENWEIN

Mailing Address 20 BREWER ROAD

City State Zip Code
NEWBURGH NY 12550

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CMMR ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19420

Amount of Each Receipt this Period

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

Mailing Address 38 BRETTON ROAD

City State Zip Code
SCARSDALE NY 10583-2762

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BRETTON OAKS CAPITAL MANAGEMENT ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18996

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MR. RICHARD FABBRO

Mailing Address **38 BRETTON ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-2762**

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

Name of Employer **BRETTON OAKS CAPITAL MANAGEMENT** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.19437

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS G. FERRARA

Mailing Address **P.O. BOX 366**
38 WESTCHESTER AVE

City **POUND RIDGE** State **NY** Zip Code **10576**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.19079

Amount of Each Receipt this Period
250.00

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

Mailing Address **56 MAJESTIC RIDGE**

City **CARMEL** State **NY** Zip Code **10512**

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
10 / 18 / 2014

Transaction ID : SA11AI.18986

Amount of Each Receipt this Period
50.00

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

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

400.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) J F FITZPATRICK		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 14 OLD ROAD LANE		Transaction ID : SA11AI.19488
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) WILBUR FOSTER		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 322 AVERY ROAD		Transaction ID : SA11AI.19184
City GARRISON	State NY	Zip Code 10524
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MILBANK TWEED	Occupation LAWYER	DEBT RETIREMENT
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6200.00	

Full Name (Last, First, Middle Initial) LAWRENCE FOX		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 11 TRICIA BLVD		Transaction ID : SA11AI.19451
City HIGHLAND	State NY	Zip Code 12528
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer MID HUDSON MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 24 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ALFRED FROEBRICH

Mailing Address **4 ELLEN CT.**

City State Zip Code
CROTON ON HUDSON NY 10520

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 24 2014

Transaction ID : SA11AI.19111

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE FRYER

Mailing Address **FRYER MACHINE SYSTEMS**

City State Zip Code
PATTERSON NY 12563

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

Name of Employer Occupation
FRYER MACHINE SYSTEMS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 20 2014

Transaction ID : SA11AI.19011

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HENRY R. GALLER

Mailing Address **5 MERCURY AVENUE**

City State Zip Code
MONROE NY 10950-5226

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

Name of Employer Occupation
HENRY'S ATTIC, INC. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
10 29 2014

Transaction ID : SA11AI.19311

Amount of Each Receipt this Period
500.00

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

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

1050.00

**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 25 OF 159

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 906 TAMARACK TRAIL

City State Zip Code
 IOWA CITY IA 52245

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

Name of Employer Occupation
 UNIVERSITY OF IOWA HOSPITALS AND CLIN PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.19481

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
JAMES GERARD

Mailing Address 515 EAST 72ND STREET

City State Zip Code
 NEW YORK NY 10021

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

Name of Employer Occupation
 NORTH SEA PARTNERS INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.19209

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 20 DESBROSSES STREET

City State Zip Code
 NEW YORK NY 10013

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

Name of Employer Occupation
 MSDC MANAGEMENT, L.P. INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.19225

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ANTHONY GIORDANO

Mailing Address 672 OLD POST ROAD

City Bedford State NY Zip Code 10506

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

Name of Employer ELM STREET PARTNERS, LLC Occupation REAL ESTATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.19153

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LOUIS GIORDANO

Mailing Address 1135 BRIDGE POINTE LANE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer CROTON AUTO PARK Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.19095

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LOUIS GIORDANO

Mailing Address 1135 BRIDGE POINTE LANE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer CROTON AUTO PARK Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.19344

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
RONALD M. GLASSMAN

Mailing Address 185 CEDAR LANE
#L4

City State Zip Code
TEANECK NJ 07666

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

Name of Employer Occupation
GLASSMAN EYE ASSOCIATES OPHTHALMOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.19128

Amount of Each Receipt this Period
100.00

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

Mailing Address 753 BOSTON POST RD

City State Zip Code
RYE NY 10580

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

Name of Employer Occupation
ADVANCED RADIOLOGY CAO

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
11 / 04 / 2014

Transaction ID : SA11AI.19505

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. AMEET GOYAL

Mailing Address 5 MOUNT HOLLY DRIVE

City State Zip Code
RYE NY 10580

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

Name of Employer Occupation
AMEET GOYAL, M.D., P.C. PLASTIC SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19339

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 159	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ALLISON GRAVES		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2311 CONNECTICUT AVENUE, N.W., #40		Transaction ID : SA11AI.19439
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ENTERGY SERVICES, INC.	Occupation GOVT. RELATIONS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. ANN GRIFFIN		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 143 RUXTON ROAD		Transaction ID : SA11AI.19013
City MOUNT KISCO	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer AMERIPRISE FINANCIAL	Occupation FINANCIAL ADVISOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) C. RAJAN GULATI		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 111 MALTESE DRIVE		Transaction ID : SA11AI.19290
City MIDDLETOWN	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer MIDDLETOWN MEDICAL, P.C.	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
DR. OLEG GUTNIK

Mailing Address 93 MIDDLE LINE HIGHWAY

City SOUTHAMPTON State NY Zip Code 11968

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.19270

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM P. HARRINGTON

Mailing Address 36 DANN FARM RD

City POUND RIDGE State NY Zip Code 10576

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

Name of Employer BLEAKLEY PLATT Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.19082

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PETER B. HENNESSY

Mailing Address 56 INDIAN HILL ROAD

City BEDFORD State NY Zip Code 10506

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

Name of Employer CASSIDY TURLEY Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.19130

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 159
	<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	

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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
PETER B. HENNESSY

Mailing Address 56 INDIAN HILL ROAD

City Bedford State NY Zip Code 10506

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

Name of Employer CASSIDY TURLEY Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.19132

Amount of Each Receipt this Period
 500.00

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

Mailing Address 56 INDIAN HILL ROAD

City Bedford State NY Zip Code 10506

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

Name of Employer CASSIDY TURLEY Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.19195

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MARTHA G. HENNIG

Mailing Address P.O. BOX 660

City Bedford State NY Zip Code 10506

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.19419

Amount of Each Receipt this Period
 100.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ANDREA HERRON		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 100 S. BEDFORD ROAD		Transaction ID : SA11AI.19101	
City MOUNT KISCO	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer BEDFORD OAKS ADVISOR, LLC	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. MICHAEL HERSON		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 8709 BURNING TREE ROAD		Transaction ID : SA11AI.19047	
City BETHESDA	State MD	Zip Code 20817	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer AMERICAN DEFENSE INTERNATIONAL	Occupation GOVT. AFFAIRS CONSULTING		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. JOHN DAVID HERVEY		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 433 JAY STREET		Transaction ID : SA11AI.19098	
City KATONAH	State NY	Zip Code 10536	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 950.00		

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	2600.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) WILLIAM HOTALING		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 125 QUASSAICK AVENUE		Transaction ID : SA11AI.19053
City NEW WINDSOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 950.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JEFFREY HUTH		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Mailing Address 140 SHAGBARK LANE		Transaction ID : SA11AI.19411
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BOEHRINGER INGELHEIM PHARMACEUTICA	Occupation MANAGER	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MICHAEL ISRAEL		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 51 LLOYD LN		Transaction ID : SA11AI.19129
City LLOYD HARBOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WESTCHESTER MEDICAL CENTER	Occupation PRESIDENT AND CEO	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 51 LLOYD LN

City LLOYD HARBOR State NY Zip Code 11743-9780

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

Name of Employer WESTCHESTER MEDICAL CENTER Occupation PRESIDENT AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.19131

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O.BOX 795

City ANDOVER State NY Zip Code 14806

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

Name of Employer OTIS EASTERN LLC Occupation LAND MANAGER

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
 11 / 03 / 2014

Transaction ID : SA11AI.19447

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JAN L. JANSEN

Mailing Address 161 GLENMERE AVENUE

City FLORIDA State NY Zip Code 10921-1205

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

Name of Employer WARWICK REPUBLICAN COMMITTEE Occupation CHAIRMAN

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
 10 / 16 / 2014

Transaction ID : SA11AI.18952

Amount of Each Receipt this Period
500.00

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

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

3350.00

**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 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) LYDIA JEFFRIES		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 21 WILSON LANE		Transaction ID : SA11AI.19350	
City FAIRVIEW	State NC	Zip Code 28730-9564	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer ASHEVILLE WOMEN'S MEDICAL CENTER	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) SUSAN JENSEN GAGLIARDI		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 145 HOLMES ROAD		Transaction ID : SA11AI.19345	
City NEWBURGH	State NY	Zip Code 12550	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer HORIZON FAMILY MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) PAUL JOHNSON		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 19 BRADFORD COURT		Transaction ID : SA11AI.19109	
City BREWSTER	State NY	Zip Code 10509	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer VERIZON	Occupation DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **P.O. BOX 257**

City **PARKER** State **KS** Zip Code **66072**

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

Name of Employer **M A E RESOURCES, INC.** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.19554

Amount of Each Receipt this Period
500.00

EARMARKED THROUGH MAGGIE'S LIST CONDUIT RECEIVED 10/30/2014

B. Full Name (Last, First, Middle Initial)
MR. CHARLES M JOYCE

Mailing Address **P.O. BOX 461**

City **WELLSVILLE** State **NY** Zip Code **14895**

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

Name of Employer **OTIS EASTERN SERVICE, LLC** Occupation **SUPERINTENDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.19521

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
TIM JOYCE

Mailing Address **37 SEMINARY ROAD**

City **BEDFORD** State **NY** Zip Code **10506**

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

Name of Employer **FERGUSON COHEN** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19341

Amount of Each Receipt this Period
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
JEAN M. KEARNEY

Mailing Address 51 AVERILL DRIVE

City MAHOPAC State NY Zip Code 10541

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.19264

Amount of Each Receipt this Period
1000.00

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

Mailing Address 30 GEDNEY WAY

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation OTOLARYNGOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.18926

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NANCY KESKULA

Mailing Address 446 RILEY RD

City NEW WINDSOR State NY Zip Code 12553

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.19440

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
SUNIL KHURANA

Mailing Address 54 RYMPH ROAD

City LAGRANGEVILLE State NY Zip Code 12540

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 10 / 29 / 2014

Transaction ID : SA11AI.19306

Amount of Each Receipt this Period
350.00

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

Mailing Address 121 BUXTON ROAD

City Bedford Hills State NY Zip Code 10507

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

Name of Employer BAIN CAPITAL, LLC Occupation CAPITAL MARKETS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.19046

Amount of Each Receipt this Period
1000.00

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

Mailing Address 42 FOREST AVE

City RYE State NY Zip Code 10580-4210

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.19032

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 38 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
CLARENCE KING

Mailing Address 13562 BRAEMAR DRIVE

City State Zip Code
DALLAS TX 75234

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

Name of Employer Occupation
AETNA EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19412

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRUCE A. KOLKMANN

Mailing Address 37 E. HUDSON HARBOUR DRIVE

City State Zip Code
POUGHKEEPSIE NY 12601-5379

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

Name of Employer Occupation
RAYMOND OPTICIANS, INC. OPTICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19486

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
STEVEN W. KRAUS

Mailing Address 34 SCENIC RIDGE DRIVE

City State Zip Code
BREWSTER NY 10509

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

Name of Employer Occupation
BROWN GRUTTADARO GAUJEAN PRATO ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19029

Amount of Each Receipt this Period
250.00

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 39 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. MR. KIERAN M. LALOR		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 7 ARBOR WAY		Transaction ID : SA11AI.19089	
City PEEKSKILL	State NY	Zip Code 10566	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. THOMAS LANSEN		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 164 17TH AV. S		Transaction ID : SA11AI.19204	
City NAPLES	State FL	Zip Code 34102	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. DEBORAH LAPERCH		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 17 SHOSHONE DRIVE		Transaction ID : SA11AI.18968	
City KATONAH	State NY	Zip Code 10536	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1250.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
CLOYD LAPORTE

Mailing Address 662 GIPSY TRAIL ROAD

City State Zip Code
CARMEL NY 10512

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

Name of Employer Occupation
DRYSTONE CAPITAL CORP. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
575.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.19162

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. KEVIN S. LEE

Mailing Address 103 SANDY PINES BLVD.

City State Zip Code
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.19300

Amount of Each Receipt this Period
250.00

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

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City State Zip Code
ATLANTA GA 30350

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.18974

Amount of Each Receipt this Period
100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 41 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MR. RYAN EDWIN LESH

Mailing Address 7423 S BROADWAY

City State Zip Code
RED HOOK NY 12571

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

Name of Employer Occupation
NAPA PHYSICIAN

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
 10 29 2014

Transaction ID : SA11AI.19304

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR. CECILY A. LESKO

Mailing Address 1005 CLIFTON AVE.

City State Zip Code
CLIFTON NJ 07013

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

Name of Employer Occupation
NORTH JERSEY EYE ASSOCIATES RETINA SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.19045

Amount of Each Receipt this Period
250.00

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

Mailing Address 20 LARCH COURT

City State Zip Code
FISHKILL NY 12524

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
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 27 2014

Transaction ID : SA11AI.19187

Amount of Each Receipt this Period
100.00

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 42 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 1101 PELHAM PARKWAY NORTH

City State Zip Code
BRONX NY 10469

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

Name of Employer Occupation
NEW YORK EYE SURGERY CENTER OPHTHALMOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.19489

Amount of Each Receipt this Period
250.00

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

Mailing Address 18 MAYFAIR LANE

City State Zip Code
GREENWICH CT 06831-3640

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

Name of Employer Occupation
KAMBER MANAGEMENT COMPANY LLC REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.19445

Amount of Each Receipt this Period
250.00

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

Mailing Address 19 HUNTWOOD PLACE

City State Zip Code
MOUNT VERNON NY 10552

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

Name of Employer Occupation
SELF-EMPLOYED MANAGEMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.19143

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) ARNOLD LISIO		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 1112 PARK AVE APT 3B		Transaction ID : SA11AI.18923	
City NEW YORK	State NY	Zip Code 10128	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MR. FRANK T. LOMBARDO		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 22 HILEE ROAD		Transaction ID : SA11AI.19314	
City RHINEBECK	State NY	Zip Code 12572	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) GEORGE A. LONG		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 14 LOWER SHAD ROAD		Transaction ID : SA11AI.19373	
City POUND RIDGE	State NY	Zip Code 10576	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 44 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. WARREN J. LUCAS		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 668 TITICUS ROAD		Transaction ID : SA11AI.18961	
City NORTH SALEM	State NY	Zip Code 10560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer TOWN OF NORTH SALEM	Occupation SUPERVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) B. WARREN J. LUCAS		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 668 TITICUS ROAD		Transaction ID : SA11AI.19148	
City NORTH SALEM	State NY	Zip Code 10560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer TOWN OF NORTH SALEM	Occupation SUPERVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) C. MAGGIE'S LIST		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 6675 WEEPING WILLOW WAY		Transaction ID : SA11AI.19604	
City TALLAHASSEE	State FL	Zip Code 32311	
FEC ID number of contributing federal political committee. C C00469023		Amount of Each Receipt this Period 530.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3530.00		

SUBTOTAL of Receipts This Page (optional).....	200.00
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 45 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 625 PARK AVENUE

City NEW YORK State NY Zip Code 10065-8029

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

Name of Employer MARK ASSET MANAGEMENT CORPORATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.19473

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. GLORIA A. MARWELL

Mailing Address 30 SHERWOOD AVE

City GREENWICH State CT Zip Code 06831

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.19075

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN MASCIA M.D.

Mailing Address 15 ATHENIAN LANE

City HOPEWELL JUNCTION State NY Zip Code 12533

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.19296

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
DOROTHEA E. MATTHEWS

Mailing Address 303 PAR DRIVE

City WILLIAMSBURG State VA Zip Code 23188

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

Name of Employer CREDIT SIGHTS, INC. Occupation SECURITIES ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.19390

Amount of Each Receipt this Period
250.00

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

Mailing Address P. O. BOX 125

City MONTEBELLO State VA Zip Code 24464

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

Name of Employer MARINETICS, INC. Occupation BIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.19367

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
CARLYN MCCAFFREY

Mailing Address 22 PERCH BAY ROAD

City WACCABUC State NY Zip Code 10597

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

Name of Employer MCDERMOTT, WILL & EMERY LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.19043

Amount of Each Receipt this Period
1000.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) BARBARA MCKINNON		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2 STONYGATE OVAL		Transaction ID : SA11AI.19338
City NEW ROCHELLE	State NY	Zip Code 10804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) STEPHEN MCLEAN		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 705 HIGH MOUNTAIN ROAD		Transaction ID : SA11AI.19240
City FRANKLIN LAKES	State NJ	Zip Code 07417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer ARSENAL CAPITAL PARTNERS	Occupation PARTNER	DEBT RETIREMENT
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7200.00	

Full Name (Last, First, Middle Initial) ANN MCMACKIN		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 70 COUNTRY CLUB LANE		Transaction ID : SA11AI.19123
City BELMONT	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. PETER MCQUILLAN		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address P.O. BOX 657		Transaction ID : SA11AI.19110	
City CROSS RIVER	State NY	Zip Code 10518	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5800.00		

Full Name (Last, First, Middle Initial) B. PETER MCQUILLAN		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address P.O. BOX 657		Transaction ID : SA11AI.19224	
City CROSS RIVER	State NY	Zip Code 10518	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5900.00		

Full Name (Last, First, Middle Initial) C. MR. STEPHEN MEYERS		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2 WHITLOCK CT		Transaction ID : SA11AI.19389	
City SOMERS	State NY	Zip Code 10589	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HOULIHAN LAWRENCE INC	Occupation BUSINESS MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 159
	<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	

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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ROWLAND MILAM

Mailing Address 1828 VENETIAN POINT DRIVE

City CLEARWATER State FL Zip Code 33755

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

Name of Employer MARKER 18 LLC Occupation SALES & MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.19028

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. KATHLEEN M. MILAZZO

Mailing Address 22 REDWOOD DRIVE

City SOMERS State NY Zip Code 10589

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.19263

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City NASHVILLE State TN Zip Code 37215

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

Name of Employer HEALTHMARK VENTURES LLC Occupation PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.19328

Amount of Each Receipt this Period
5200.00
 SEE REDESIGNATION BELOW

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ANDREW MILLER JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 30 BURTON HILLS BLVD.		Transaction ID : SA11AI.19328.0	
City NASHVILLE State TN Zip Code 37215	Amount of Each Receipt this Period -2600.00		
FEC ID number of contributing federal political committee. C	SEE REDESIGNATION BELOW		
Name of Employer HEALTHMARK VENTURES LLC Occupation PRIVATE INVESTOR	[MEMO ITEM]		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12400.00		

Full Name (Last, First, Middle Initial) B. ANDREW MILLER JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 30 BURTON HILLS BLVD.		Transaction ID : SA11AI.19328.1	
City NASHVILLE State TN Zip Code 37215	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	REDESIGNATED: DEBT RETIREMENT		
Name of Employer HEALTHMARK VENTURES LLC Occupation PRIVATE INVESTOR	[MEMO ITEM]		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14900.00		

Full Name (Last, First, Middle Initial) C. ANDREW MILLER JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 30 BURTON HILLS BLVD.		Transaction ID : SA11AI.19328.2	
City NASHVILLE State TN Zip Code 37215	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	REDESIGNATED: DEBT RETIREMENT		
Name of Employer HEALTHMARK VENTURES LLC Occupation PRIVATE INVESTOR	[MEMO ITEM]		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City: NASHVILLE State: TN Zip Code: 37215

FEC ID number of contributing federal political committee: C

Name of Employer: HEALTHMARK VENTURES LLC Occupation: PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 15000.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11AI.19348

Amount of Each Receipt this Period: 9800.00

SEE REDESIGNATION BELOW; EXCESS OF \$5,100 REFUNDED ON 11/3/2014

B. Full Name (Last, First, Middle Initial)
ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City: NASHVILLE State: TN Zip Code: 37215

FEC ID number of contributing federal political committee: C

Name of Employer: HEALTHMARK VENTURES LLC Occupation: PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 10300.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11AI.19348.0

Amount of Each Receipt this Period: -4700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City: NASHVILLE State: TN Zip Code: 37215

FEC ID number of contributing federal political committee: C

Name of Employer: HEALTHMARK VENTURES LLC Occupation: PRIVATE INVESTOR

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: 12600.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11AI.19348.1

Amount of Each Receipt this Period: 2300.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

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

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

9800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City State Zip Code
NASHVILLE TN 37215

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

Name of Employer Occupation
HEALTHMARK VENTURES LLC PRIVATE INVESTOR

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19348.2

Amount of Each Receipt this Period
2400.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CORBIN MILLER

Mailing Address 1165 5TH AVENUE

City State Zip Code
NEW YORK NY 10029

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19349

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CORBIN MILLER

Mailing Address 1165 5TH AVENUE

City State Zip Code
NEW YORK NY 10029

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.19438

Amount of Each Receipt this Period
200.00

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 53 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
HENRY MILLER

Mailing Address 85 ROUND HILL RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer MARBLEGATE ASSET MANAGEMENT Occupation EXECUTIVE

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
 10 / 21 / 2014

Transaction ID : SA11AI.19034

Amount of Each Receipt this Period
2600.00

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

Mailing Address 80 RIDGE ROAD

City NEW ROCHELLE State NY Zip Code 10804

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

Name of Employer GOLDMAN, SACHS & CO Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.19033

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVIS MOORE

Mailing Address 1815 VIA VISALIA

City PALOS VERDES State CA Zip Code 90274

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

Name of Employer WORLDWIDE Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2014

Transaction ID : SA11AI.19002

Amount of Each Receipt this Period
1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MR. ANTHONY MORMILE

Mailing Address 20 BEEKMAN AVE

City State Zip Code
CROTON ON HUDSON NY 10520

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

Name of Employer Occupation
TOMPKINS MAHOPAC BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.19073

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ANDREW MORRIS

Mailing Address 4 BERNADETTE WAY

City State Zip Code
WASHINGTONVILLE NY 10992

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.19108

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
ANDREW MORRIS

Mailing Address 4 BERNADETTE WAY

City State Zip Code
WASHINGTONVILLE NY 10992

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
275.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.19463

Amount of Each Receipt this Period
25.00

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 55 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. BRIAN MURPHY		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 11 PRESWICK DRIVE		Transaction ID : SA11AI.18993	
City MONROE	State NY	Zip Code 10950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. ANTOINETTE NIGRO		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1581 OVERHILL STREET		Transaction ID : SA11AI.19127	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) C. ANTOINETTE NIGRO		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 1581 OVERHILL STREET		Transaction ID : SA11AI.19444	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
NORTH AMERICAN PARTNERS IN ANESTHESIA, LLP

Mailing Address **68 SOUTH SERVICE ROAD**
SUITE 350

City **MELVILLE** State **NY** Zip Code **11747**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.19376

Amount of Each Receipt this Period
5000.00

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
WAYNE NUSSBICKEL

Mailing Address **3596 ROUTE 82**

City **MILLBROOK** State **NY** Zip Code **12545**

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

Name of Employer Occupation
N&S SUPPLY PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 19 / 2014

Transaction ID : SA11AI.18995

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. JERRY PENSO

Mailing Address **400 MADISON ST.**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer Occupation
AMERICAN MEDICAL GROUP ASSOCIATION CHIEF MEDICAL OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.18914

Amount of Each Receipt this Period
250.00

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

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

5750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) WILLIAM PITTS		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1 GRANT DRIVE		Transaction ID : SA11AI.19329	
City CHAPPAQUA	State NY	Zip Code 10514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer JPMORGAN	Occupation BANKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) MICHAEL R. POTACK		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 25 HARVEST DR		Transaction ID : SA11AI.18924	
City SCARSDALE	State NY	Zip Code 10583-7546	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CENTERLIGHT HEALTH SYSTEM	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) APRIL POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N. WYMORE RD		Transaction ID : SA11AI.19453	
City MAITLAND	State FL	Zip Code 32751	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12400.00	
Name of Employer QMEDRX, INC	Occupation ACCOUNT MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12400.00		

SUBTOTAL of Receipts This Page (optional).....	13500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. APRIL POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N. WYMORE RD		Transaction ID : SA11AI.19453.0	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period _____ -7300.00 SEE REDESIGNATON BELOW [MEMO ITEM]
FEC ID number of contributing federal political committee.		C	
Name of Employer QMEDRX, INC	Occupation ACCOUNT MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5100.00		

Full Name (Last, First, Middle Initial) B. APRIL POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N. WYMORE RD		Transaction ID : SA11AI.19453.1	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period _____ 2500.00 REDESIGNATION: DEBT RETIREMENT [MEMO ITEM]
FEC ID number of contributing federal political committee.		C	
Name of Employer QMEDRX, INC	Occupation ACCOUNT MANAGER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 7600.00		

Full Name (Last, First, Middle Initial) C. APRIL POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N. WYMORE RD		Transaction ID : SA11AI.19453.2	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period _____ 2400.00 REDESIGNATION: DEBT RETIREMENT [MEMO ITEM]
FEC ID number of contributing federal political committee.		C	
Name of Employer QMEDRX, INC	Occupation ACCOUNT MANAGER		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10000.00		

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

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

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

FOR LINE NUMBER: PAGE 59 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
APRIL POWERS

Mailing Address 630 N. WYMORE RD

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
QMEDRX, INC ACCOUNT MANAGER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
12400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 02 2014

Transaction ID : SA11AI.19453.3

Amount of Each Receipt this Period
2400.00

REDESIGNATION: DEBT RETIREMENT

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KEVIN POWERS

Mailing Address 630 N WYMORE RD

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
QMEDRX,INC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
12400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 02 2014

Transaction ID : SA11AI.19426

Amount of Each Receipt this Period
12400.00

SEE REDESIGNATION BELOW; EXCESS OF \$2,500 REFUNDED ON 11/3/2014

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

Mailing Address 630 N WYMORE RD

City State Zip Code
MAITLAND FL 32751

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

Name of Employer Occupation
QMEDRX,INC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 02 2014

Transaction ID : SA11AI.19426.0

Amount of Each Receipt this Period
-7300.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

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

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

12400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) KEVIN POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N WYMORE RD		Transaction ID : SA11AI.19426.1	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period 2500.00 REDESIGNATED: DEBT RETIREMENT
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer QMEDRX,INC	Occupation CEO	Election Cycle-to-Date 7600.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) KEVIN POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N WYMORE RD		Transaction ID : SA11AI.19426.2	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period 2400.00 REDESIGNATED: DEBT RETIREMENT
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer QMEDRX,INC	Occupation CEO	Election Cycle-to-Date 10000.00	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) KEVIN POWERS		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 630 N WYMORE RD		Transaction ID : SA11AI.19426.3	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period 2400.00 REDESIGNATED: DEBT RETIREMENT
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer QMEDRX,INC	Occupation CEO	Election Cycle-to-Date 12400.00	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MR. E MILES PRENTICE III

Mailing Address **34 W. 95TH STREET**

City **NEW YORK** State **NY** Zip Code **10025**

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

Name of Employer **EASTON & VAN WINKLE, LLC** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.19081

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ANDREW PRINCE

Mailing Address **178 EAST 71ST STREET**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.18937

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PETER J. REGNA

Mailing Address **45 SPEAR ROAD**

City **RAMSEY** State **NJ** Zip Code **07446**

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

Name of Employer **AERO TEC LABORATORIES** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.19268

Amount of Each Receipt this Period
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **P.O. BOX 228**

City **POUND RIDGE** State **NY** Zip Code **10576-0228**

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 **4600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.19044

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ELIHU ROBERTSON

Mailing Address **121 APAWAMIS AVE**

City **RYE** State **NY** Zip Code **10580**

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

Name of Employer **MILBANK, TWEED, HADLEY & MCCLOY LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.19009

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
J H ROBINSON

Mailing Address **767 3RD AVENUE 4TH FL**

City **NEW YORK** State **NY** Zip Code **10017**

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

Name of Employer **J H ROBINSON** Occupation **PROFESSIONAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.19159

Amount of Each Receipt this Period
300.00

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) DR. I. RAND RODGERS		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Mailing Address 91 WEAVER STREET		Transaction ID : SA11AI.19418
City GREENWICH	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5200.00	
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6350.00	

Full Name (Last, First, Middle Initial) DR. I. RAND RODGERS		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address 91 WEAVER STREET		Transaction ID : SA11AI.19418.0
City GREENWICH	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -5000.00	
Name of Employer SELF	Occupation PHYSICIAN	CHARGEBACK
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) KENNETH ROSENTHAL		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 310 EAST SHORE ROAD		Transaction ID : SA11AI.19343
City GREAT NECK	State NY	Zip Code 11023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation OPHTHALMOLOGIST	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MITCHELL ROSLIN

Mailing Address **3 COLE DRIVE**

City **ARMONK** State **NY** Zip Code **10504**

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

Name of Employer **NSLIJ** Occupation **M.D.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19322

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JEROLD RUDERMAN

Mailing Address **18 RIDGEDALE ROAD**

City **Scarsdale** State **NY** Zip Code **10583**

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

Name of Employer **WILSON ELSE ETAL** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19083

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JULIA SABETTA

Mailing Address **50 SOUND VIEW DR**

City **GREENWICH** State **CT** Zip Code **06830**

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

Name of Employer **SELF** Occupation **DERMATOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19235

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) ESTHER SAVOIE		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 6 BRADY LANE		Transaction ID : SA11AI.19406
City SOMERS	State NY	Zip Code 10589
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) SUSAN SCHACHNE		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 17 MOHAWK TRAIL		Transaction ID : SA11AI.19199
City KATONAH	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) DAMIAN SCHAIBLE		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 18 WAGON WHEEL ROAD		Transaction ID : SA11AI.18997
City MAMARONECK	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer DAVIS POLK & WARDWELL LLP	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. DAMIAN SCHAIBLE		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 18 WAGON WHEEL ROAD		Transaction ID : SA11AI.19241	
City MAMARONECK	State NY	Zip Code 10543	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer DAVIS POLK & WARDWELL LLP	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) B. TOM SCHOSSAU		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 1 VINCENT ROAD 3L		Transaction ID : SA11AI.18998	
City BRONXVILLE	State NY	Zip Code 10708	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer SELF	Occupation OPHTHALMOLOGIST, SCIENTIST, ENGINEE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) C. DR. JOHN C. SCOTT		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 9 DEER CREEK LANE		Transaction ID : SA11AI.19279	
City MOUNT KISCO	State NY	Zip Code 10549-3707	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 8058 GLENDALE ROAD

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
CREDIT SUISSE SECURITIES (USA) ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 30 2014

Transaction ID : SA11AI.19236

Amount of Each Receipt this Period
2000.00

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

Mailing Address 16 ROCHAMBEAU ROAD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
RUTTER ASSOCIATES PARTNER AND HEAD OF ANALYTICS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 23 2014

Transaction ID : SA11AI.19057

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. JANET SERLE

Mailing Address 151 E. 85TH STREET, #11E

City State Zip Code
NEW YORK NY 10028

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

Name of Employer Occupation
MOUNT SINAI SCHOOL OF MEDICINE OPHTHALMOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : SA11AI.19201

Amount of Each Receipt this Period
300.00

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

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

2800.00

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

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

FOR LINE NUMBER: PAGE 68 OF 159
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MR. RANDY M SHAYLER

Mailing Address 150 SCHOOL ST

City State Zip Code
WELLSVILLE NY 14895

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

Name of Employer Occupation
OTIS EASTERN SERVICE, LLC MGMT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.19519

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
LLOYD J. SHULMAN

Mailing Address ROCKRIDGE FARM 961, ROUTE 52

City State Zip Code
CARMEL NY 10512-4733

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

Name of Employer Occupation
WEISTEIN ENTERPRISES, INC. 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
 10 / 26 / 2014

Transaction ID : SA11AI.19312

Amount of Each Receipt this Period
1000.00

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

Mailing Address 14 BROOK HILLS CIRCLE

City State Zip Code
WHITE PLAINS NY 10605

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

Name of Employer Occupation
LSTA EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.19052

Amount of Each Receipt this Period
250.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. RICHARD B. SMITH		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 14 BROOK HILLS CIRCLE		Transaction ID : SA11AI.19126	
City WHITE PLAINS	State NY	Zip Code 10605	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer LSTA	Occupation EXECUTIVE DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. STEPHEN SOKOL		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 239 WEST 100TH STREET		Transaction ID : SA11AI.19370	
City NEW YORK	State NY	Zip Code 10025	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation FINANCIAL SERVICES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. ROBERT STEINBERG		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 17 WESTBROOK ROAD		Transaction ID : SA11AI.18945	
City NEWBURGH	State NY	Zip Code 12550	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 425.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 800.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. SOLOMON S. STEINER		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 24 OLD WAGON ROAD		Transaction ID : SA11AI.19133	
City MOUNT KISCO	State NY	Zip Code 10549	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PEROSPHERE INC.	Occupation CEO & CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3350.00		

Full Name (Last, First, Middle Initial) B. PAUL STURZ		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 6 AUTUMN RIDGE ROAD		Transaction ID : SA11AI.18919	
City POUND RIDGE	State NY	Zip Code 10576	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer LINDEN'S COOKIES, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1250.00		

Full Name (Last, First, Middle Initial) C. MARTIN SUCHY		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 16 HIGHVIEW DR		Transaction ID : SA11AI.19001	
City MIDDLETOWN	State NY	Zip Code 10941	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 550.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.18957

Amount of Each Receipt this Period
50.00

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

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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 **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.19202

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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 **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.19441

Amount of Each Receipt this Period
50.00

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **5 BIRCHWOOD COURT**

City **WASHINGTONVILLE** State **NY** Zip Code **10992**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.19183

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
THE COONEY AGENCY

Mailing Address **100 PASSAIC AVENUE, #300**

City **FAIRFIELD** State **NJ** Zip Code **07004**

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
10 / 18 / 2014

Transaction ID : SA11AI.19077

Amount of Each Receipt this Period
1000.00

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCOTT SCHWARTZ

Mailing Address **100 PASSAIC AVENUE, #300**

City **FAIRFIELD** State **NJ** Zip Code **07004**

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

Name of Employer **BEAKLEY, SCHWARTZ ET AL** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.19077.0

Amount of Each Receipt this Period
1000.00

THE COONEY AGENCY: PERMISSIBLE FUNDS
[MEMO ITEM]

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 13 WHIPPOORWILL ROAD

City ARMONK State NY Zip Code 10504

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

Name of Employer SIMPSON, THACHER & BARTLETT, LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.18976

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
WELLINGTON S. TICHENOR M.D.

Mailing Address 642 PARK AVENUE

City NEW YORK State NY Zip Code 10065

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.19528

Amount of Each Receipt this Period
500.00

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

Mailing Address 9 THE FARMS ROAD

City BEDFORD State NY Zip Code 10506

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
 10 / 19 / 2014

Transaction ID : SA11AI.19000

Amount of Each Receipt this Period
100.00

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

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

2100.00

**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 74 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) DAVID TOHIR		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 52 REEDER LANE		Transaction ID : SA11AI.19237	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HECATE ENERGY	Occupation ENERGY INVESTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) MARK TOMASSI		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 441 BEDFORD ROAD		Transaction ID : SA11AI.19152	
City BEDFORD HILLS	State NY	Zip Code 10507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RMS	Occupation SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) MR. SCOTT VALLAR		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 108 GUARD HILL ROAD		Transaction ID : SA11AI.19145	
City BEDFORD CORNERS	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer GUARD HILL ADVISORS	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3790.00		

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 75 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. JAVIER VIZOSO		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 1114 HARDEE RD		Transaction ID : SA11AI.19430	
City CORAL GABLES	State FL	Zip Code 33146	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SOUTH MIAMI OBGYN ASSOC LLC	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) B. MR. ROBERT WAEGELEIN		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 28 STIRRUP TRL		Transaction ID : SA11AI.19094	
City PAWLING	State NY	Zip Code 12564	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer UNIVERSAL AMERICAN CORP.	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. DR. RICHARD WALDMAN		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 6100 WOLFEBORO ROAD		Transaction ID : SA11AI.19413	
City JAMESVILLE	State NY	Zip Code 13078	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer ASSOCIATES FOR WOMEN'S MEDICINE	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

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

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

FOR LINE NUMBER: PAGE 76 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 125 BROAD STREET

City State Zip Code
NEW YORK NY 10004

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

Name of Employer Occupation
SULLIVAN & CROMWELL LLP LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 27 2014

Transaction ID : SA11AI.19146

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. PAUL WASSERMAN

Mailing Address 4 ELIZABETH COURT

City State Zip Code
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 23 2014

Transaction ID : SA11AI.19093

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PETER WHITE

Mailing Address 47 BLOOMER ROAD

City State Zip Code
NORTH SALEM NY 10560

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

Name of Employer Occupation
MT KISCO VOLVO CAR SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 27 2014

Transaction ID : SA11AI.19150

Amount of Each Receipt this Period
50.00

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 77 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 5 LYONS FARM COURT

City State Zip Code
BREWSTER NY 10509

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19392

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DEAN ZARRAS

Mailing Address 12 OLD LOGGING ROAD

City State Zip Code
BEDFORD NY 10506

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LOGIC9S, LLC PRESIDENT AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19190

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROSS ZELTSER

Mailing Address 2 WILDCAT RD

City State Zip Code
CHAPPAQUA NY 10514-2316

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WESTCHESTER HEALTH ASSOCIATES MOHS SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19207

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address 39 GARDEN PLACE

City State Zip Code
BROOKLYN NY 11201

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

Name of Employer Occupation
CONTINENTAL GRAIN COMPANY VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.18954

Amount of Each Receipt this Period
1000.00

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

Mailing Address 67 GLENVILLE ROAD

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
MC CREDIT PARTNERS INVESTMENT MANGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.19222

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
JOEL ZINBERG

Mailing Address 500 EAST 85TH STREET APT 20H

City State Zip Code
NEW YORK NY 10028

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.19356

Amount of Each Receipt this Period
100.00

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

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

1450.00

151900.00

**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 79 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INCPAC AACEPAC

Mailing Address 245 RIVERSIDE AVENUE SUITE 200

City JACKSONVILLE State FL Zip Code 32202

FEC ID number of contributing federal political committee. **C** C00368365

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 Y Y
 11 / 03 / 2014

Transaction ID : SA11C.19609

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.19287

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11C.19507

Amount of Each Receipt this Period
 3000.00

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

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

4250.00

**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 80 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11C.19276

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AZOA SERVICES CORPORATION POLITICAL ACTION COMMITTEE (ALLIANZ OF AMERICA PAC)

Mailing Address 1101 CONNECTICUT AVE., NW
SUITE 950

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00095109**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11C.19272

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)

Mailing Address PO BOX 98629

City RALEIGH State NC Zip Code 27624

FEC ID number of contributing federal political committee. **C C00502187**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11C.19026

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 81 OF 159
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)

Mailing Address **PO BOX 1437**

City **GALLATIN** State **TN** Zip Code **37066**

FEC ID number of contributing federal political committee. **C C00499996**

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
10 / 16 / 2014

Transaction ID : SA11C.18956

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EYEPAC POLITICAL ACTION COMMITTEE FOR AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY

Mailing Address **4000 LEGATO ROAD, SUITE 700**

City **FAIRFAX** State **VA** Zip Code **22033**

FEC ID number of contributing federal political committee. **C C00171504**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11C.19310

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
HELP UNITE REPUBLICANS TODAY POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 283**

City **CHATHAM** State **VA** Zip Code **24531**

FEC ID number of contributing federal political committee. **C C00496323**

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
10 / 26 / 2014

Transaction ID : SA11C.19281

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. HUDSON FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address PO BOX 5053		Transaction ID : SA11C.19496	
City CONCORD	State NC	Zip Code 28027	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00504522			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. IPAA WILDCATTERS FUND		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1201 15TH STREET, NW SUITE 300		Transaction ID : SA11C.19379	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00246306			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. LCR PAC		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1090 VERMONT AVE NW, SUITE 850		Transaction ID : SA11C.19273	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00405506			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address P.O. BOX 1872

City State Zip Code
TOPEKA KS 66601

FEC ID number of contributing federal political committee. **C C00491043**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11C.18972

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 917

City State Zip Code
SHELBYVILLE IN 46176

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.19194

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MAGGIE'S LIST

Mailing Address 6675 WEEPING WILLOW WAY

City State Zip Code
TALLAHASSEE FL 32311

FEC ID number of contributing federal political committee. **C C00469023**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5530.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11C.19403

Amount of Each Receipt this Period
2000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MCLAUGHLIN FOR COUNCIL PRESIDENT

Mailing Address 51 CROTTY AVE

City State Zip Code
YONKERS NY 10704

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.19375

Amount of Each Receipt this Period
 200.00

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

Mailing Address PO BOX 811

City State Zip Code
HENDERSONVILLE NC 28793

FEC ID number of contributing federal political committee. **C** C00503094

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11C.19193

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00540187

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.19267

Amount of Each Receipt this Period
 2000.00

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

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

3200.00

**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 85 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.19274

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NEW YORK BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 99 PARK AVENUE
4TH FLOOR

City State Zip Code
NEW YORK NY 10016

FEC ID number of contributing federal political committee. **C** C00081422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11C.19381

Amount of Each Receipt this Period
2000.00

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

Mailing Address 111 WASHINGTON AVE
750

City State Zip Code
ALBANY NY 12210

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

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
 11 / 04 / 2014

Transaction ID : SA11C.19567

Amount of Each Receipt this Period
500.00

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: PAGE 87 OF 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
PRECISION MACHINED PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **6700 W. SNOWVILLE ROAD**

City State Zip Code
BRECKSVILLE OH 44141

FEC ID number of contributing federal political committee. **C C00110858**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2014
Transaction ID : SA11C.19500

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
QUEST DIAGNOSTICS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address **1401 K STREET, NW
SUITE 803**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00329185**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : SA11C.19275

Amount of Each Receipt this Period
2500.00

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

Mailing Address **PO BOX 7200**

City State Zip Code
APPLETON WI 54912

FEC ID number of contributing federal political committee. **C C00463620**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2014
Transaction ID : SA11C.19027

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **4500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **PO BOX 581**

City **BRIGHTON** State **MI** Zip Code **48116**

FEC ID number of contributing federal political committee. **C C00343863**

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
 10 / 20 / 2014

Transaction ID : SA11C.19024

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
SOMERS REPUBLICAN TOWN COMMITTEE

Mailing Address **628 HERITAGE HILLS**

City **SOMERS** State **NY** Zip Code **10589**

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

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
 10 / 31 / 2014

Transaction ID : SA11C.19387

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address **7075 VETERANS BLVD.**

City **BURR RIDGE** State **IL** Zip Code **60527**

FEC ID number of contributing federal political committee. **C C00349225**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.19509

Amount of Each Receipt this Period
 _____ 1500.00

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

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

_____ 3000.00

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

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

FOR LINE NUMBER: PAGE 89 OF 159
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.19266

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
TOWN OF CRAWFORD REPUBLIC COMMITTEE

Mailing Address P.O. BOX 9

City State Zip Code
THOMPSON RIDGE NY 10985

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11C.19394

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
TOWN OF WARWICK REPUBLICAN COMMITTEE

Mailing Address 58 MINTURN ROAD

City State Zip Code
WARWICK NY 10990

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11C.18953

Amount of Each Receipt this Period
1000.00

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

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

3200.00

**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 90 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
UNIVERSAL AMERICAN CORP. PAC

Mailing Address 44 SOUTH BROADWAY
SUITE 1200

City State Zip Code
WHITE PLAINS NY 10601

FEC ID number of contributing federal political committee. **C** C00433029

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11C.19113

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
UPPER HAND FUND

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00503151

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
10 / 30 / 2014

Transaction ID : SA11C.19384

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City State Zip Code
ATLANTA GA 30339

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.19383

Amount of Each Receipt this Period
1000.00

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

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

7000.00

**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 91 OF 159
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) YOPAC		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5631 ABERDEEN RD		Transaction ID : SA11C.19599
City FAIRWAY	State KS	
Zip Code 66205		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00497305	Name of Employer	Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C	Name of Employer	
Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C	Name of Employer	
Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	54150.00

**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 92 OF 159
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18759	
City FISHKILL	State NY	Zip Code 12524	
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period 16.95 IN-KIND: DELIVERY SERVICES	
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 709087.70		

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18762	
City FISHKILL	State NY	Zip Code 12524	
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period 240.69 IN-KIND: OFFICE SUPPLIES	
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 709328.39		

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18767	
City FISHKILL	State NY	Zip Code 12524	
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period 16.95 IN-KIND: DELIVERY SERVICES	
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 709345.34		

SUBTOTAL of Receipts This Page (optional).....	274.59
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 93 OF 159
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
809345.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11D.18624

Amount of Each Receipt this Period
100000.00

B. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1709345.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11D.18628

Amount of Each Receipt this Period
900000.00

C. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1709362.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11D.18749

Amount of Each Receipt this Period
16.95

IN-KIND: DELIVERY SERVICES

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

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

1000016.95

**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 94 OF 159
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18758
City FISHKILL	State NY	
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period 16.95
Name of Employer CANDIDATE	Occupation CANDIDATE	IN-KIND: DELIVERY SERVICES
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709379.24	

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18752
City FISHKILL	State NY	
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period 37.56
Name of Employer CANDIDATE	Occupation CANDIDATE	IN-KIND: TRAVEL: FUEL
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709416.80	

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18743
City FISHKILL	State NY	
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period 13.99
Name of Employer CANDIDATE	Occupation CANDIDATE	HAYWORTH IN-KIND: OFFICE SUPPLIES
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709430.79	

SUBTOTAL of Receipts This Page (optional).....	68.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 159
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1709593.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11D.18746

Amount of Each Receipt this Period
162.87

IN-KIND: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1710083.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11D.18778

Amount of Each Receipt this Period
490.00

IN-KIND: TRAVEL: LODGING

C. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1711256.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11D.18673

Amount of Each Receipt this Period
1172.35

IN-KIND: UTILITIES

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

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

1825.22

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11D

Transaction ID : SA11D.18673

SEE LINE 17

Form/Schedule:

Transaction ID:

**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 97 OF 159
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18687
City FISHKILL	State NY	
Zip Code 12524		Amount of Each Receipt this Period 1923.81
FEC ID number of contributing federal political committee. C H0NY19139	Occupation CANDIDATE	IN-KIND: VAN RENTAL
Name of Employer CANDIDATE	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1713179.82

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18695
City FISHKILL	State NY	
Zip Code 12524		Amount of Each Receipt this Period 1971.62
FEC ID number of contributing federal political committee. C H0NY19139	Occupation CANDIDATE	IN-KIND: VAN RENTAL
Name of Employer CANDIDATE	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1715151.44

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18740
City FISHKILL	State NY	
Zip Code 12524		Amount of Each Receipt this Period 61.60
FEC ID number of contributing federal political committee. C H0NY19139	Occupation CANDIDATE	IN-KIND: OFFICE SUPPLIES
Name of Employer CANDIDATE	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1715213.04

SUBTOTAL of Receipts This Page (optional).....	3957.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 159
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
NEW YORK MAJORITY FUND 2014

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00566216

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2390.36

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA12.19378

Amount of Each Receipt this Period
 2390.36

JFC TRANSFER: SEE MEMO ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
ONEIDA INDIAN NATION

Mailing Address 1 TERRITORY RD

City ONEIDA State NY Zip Code 13421

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

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

Transaction ID : SA12.19378.0

Amount of Each Receipt this Period
 2600.00

JFC TRANSFER: NEW YORK MAJORITY FUND 2014
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00567677

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9462.62

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA12.19524

Amount of Each Receipt this Period
 87.48

JFC TRANSFER: SEE MEMO ATTRIBUTION

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

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

2477.84

2477.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address P. O. BOX 1270			Amount of Each Disbursement this Period 2759.61	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.18788	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS SERVICES			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 1919.37	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.18789	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS SERVICES			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 65.00	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.18790	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4743.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ARIANO'S TRATATTORIA		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 18 CLARK PL		Amount of Each Disbursement this Period 50.13
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement AMEX 10/20 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.19575 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ALEXANDER ARZOUMANOV		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 4000.00
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.18897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ALEXANDER ARZOUMANOV		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 4000.00
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.18910
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8000.00
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 103 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2001 SOUTH ROAD		Amount of Each Disbursement this Period 227.62
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement AMEX 10/20 PAYMENT: SOFTWARE	Transaction ID : SB17.19595
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2001 SOUTH ROAD		Amount of Each Disbursement this Period 1167.73
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement AMEX 10/20 PAYMENT: COMPUTER PURCHASE	Transaction ID : SB17.19596
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NICHOLAS BIBLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 227.62
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement MILEAGE	Transaction ID : SB17.18858
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	227.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NICHOLAS BIBLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.18895
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NICHOLAS BIBLIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.18908
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BUDGET MOTOR INN		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 215 ROUTE 6		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.19591 [MEMO ITEM]
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: LODGING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
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 105 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. JEFFREY T. BULEY		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 50 STATE STREET 4TH FLOOR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.18841
City ALBANY State NY Zip Code 12207	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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMPAIGNGRID		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 414 COMMERCE DRIVE, SUITE 100		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.18796
City FORT WASHINGTON State PA Zip Code 19034	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1445 LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.18805
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16015.00
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 106 OF 159			
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1445 LAUGHLIN AVE			Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.18806
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1445 LAUGHLIN AVE			Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.18807
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1445 LAUGHLIN AVE			Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.18808
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	45.00
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 107 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1445 LAUGHLIN AVE			Amount of Each Disbursement this Period 15.00	
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.18809	
Purpose of Disbursement BANK FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1445 LAUGHLIN AVE			Amount of Each Disbursement this Period 15.00	
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.18810	
Purpose of Disbursement BANK FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 1445 LAUGHLIN AVE			Amount of Each Disbursement this Period 15.00	
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.18811	
Purpose of Disbursement BANK FEES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	45.00
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 108 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CHIPOTLE		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 444 ROUTE 211 EAST STE 2		Amount of Each Disbursement this Period 40.98
City MIDDLETOWN	State NY Zip Code 10940	
Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.19570
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 800.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATA MANAGEMENT SERVICES		Transaction ID : SB17.18812
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. COPPER BOTTOM		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 162 N MAIN STREET		Amount of Each Disbursement this Period 57.49
City FLORIDA	State NY Zip Code 10921	
Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.19572
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	800.00
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 109 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 100 CROSSING BLVD		Amount of Each Disbursement this Period 49.50
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19586
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BART DIMASO JR.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 511		Amount of Each Disbursement this Period 295.00
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.18903
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ORYSIA DMYTRENKO		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 77 HILL ROAD		Amount of Each Disbursement this Period 1500.00
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement PAYROLL	Transaction ID : SB17.18899
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1795.00
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 110 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ELAVON MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1 CONCOURSE PARKWAY		Amount of Each Disbursement this Period 3299.28 Transaction ID : SB17.18815
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLORINDA ESTRADA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3401 WHISPERING HILLS DRIVE		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.18898
City CHESTER State NY Zip Code 10918	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXAMINER MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address P.O. BOX 611		Amount of Each Disbursement this Period 1683.00 Transaction ID : SB17.18817
City MT. KISCO State NY Zip Code 10549	Purpose of Disbursement PRINT ADVERTISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5782.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 159			
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 81059.18 Transaction ID : SB17.18818
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 106882.35 Transaction ID : SB17.18819
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 49342.61 Transaction ID : SB17.18820
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	237284.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 54330.42
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name		Transaction ID : SB17.18821
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 20 E. MAIN STREET		Amount of Each Disbursement this Period 67.91
City WALDEN State NY Zip Code 12586	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.19573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 20 E. MAIN STREET		Amount of Each Disbursement this Period 69.57
City WALDEN State NY Zip Code 12586	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.19584
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	54330.42
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 113 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ROBERT FIORE		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 320 E 23RD ST. APT 17E		Amount of Each Disbursement this Period 607.50
City NEW YORK State NY Zip Code 10010-4716	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.18873
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FIVE GUYS		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 3121 E MAIN ST		Amount of Each Disbursement this Period 42.43
City MOHEGAN LAKE State NY Zip Code 10547	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FOOD	
Candidate Name		Transaction ID : SB17.19590
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FLS CONNECT, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 7300 HUDSON BLVD., #270		Amount of Each Disbursement this Period 10000.00
City SAINT PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name		Transaction ID : SB17.18822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	10607.50
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 114 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. FLS CONNECT, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 7300 HUDSON BLVD., #270		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.18823
City SAINT PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLS CONNECT, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 7300 HUDSON BLVD., #270		Amount of Each Disbursement this Period 20000.00 Transaction ID : SB17.18824
City SAINT PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 117.63 Transaction ID : SB17.18813
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30117.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.18896
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 545.96 Transaction ID : SB17.18814
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 720 BROOKSIDE AVENUE		Amount of Each Disbursement this Period 545.96 Transaction ID : SB17.18814.0 [MEMO ITEM]
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement GILLIS REIMBURSEMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3045.96
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 116 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.18909
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. ALLISON GONNELLA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 511		Amount of Each Disbursement this Period 607.50 Transaction ID : SB17.18901
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 16.95 Transaction ID : SB17.18765
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement IN-KIND: DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: NY District: 18	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3124.45
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 117 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 16.95
City PORT CHESTER State NY Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.18765.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 16.95
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.18760
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 16.95
City PORT CHESTER State NY Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.18760.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	16.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 240.69 Transaction ID : SB17.18763
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) B. BJ'S WHOLESALE CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 232 LARKIN DRIVE		Amount of Each Disbursement this Period 240.69 Transaction ID : SB17.18763.0 [MEMO ITEM]
City MONROE State NY Zip Code 10950	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 16.95 Transaction ID : SB17.18750
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

SUBTOTAL of Disbursements This Page (optional).....	257.64
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 119 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 245 WESTCHESTER AVE			Amount of Each Disbursement this Period 16.95	
City PORT CHESTER	State NY	Zip Code 10573	Transaction ID : SB17.18750.0	
Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. NAN HAYWORTH			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address PO BOX 394			Amount of Each Disbursement this Period 16.95	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.18756	
Purpose of Disbursement IN-KIND: DELIVERY SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NY	District: 18			

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 245 WESTCHESTER AVE			Amount of Each Disbursement this Period 16.95	
City PORT CHESTER	State NY	Zip Code 10573	Transaction ID : SB17.18756.0	
Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	16.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 159			
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 37.56 Transaction ID : SB17.18753
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: TRAVEL: FUEL	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1208 OREGON ROAD		Amount of Each Disbursement this Period 37.56 Transaction ID : SB17.18753.0 [MEMO ITEM]
City CORTLANDT MANOR State NY Zip Code 10567	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 13.99 Transaction ID : SB17.18744
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

SUBTOTAL of Disbursements This Page (optional).....	51.55
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 121 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 350 N. BEDFORD ROAD		Amount of Each Disbursement this Period 13.99
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.18744.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 162.87
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.18747
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) C. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1200 12TH AVENUE, S.		Amount of Each Disbursement this Period 162.87
City Seattle State WA Zip Code 98108	Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.18747.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	162.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.18779
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: TRAVEL: LODGING	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) B. BUDGET MOTOR INN		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 215 ROUTE 6		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.18779.0 [MEMO ITEM]
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 1172.35 Transaction ID : SB17.18729
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

SUBTOTAL of Disbursements This Page (optional).....	1662.35
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 123 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ORANGE AND ROCKLAND			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address P.O. BOX 1005			Amount of Each Disbursement this Period 1172.35	
City SPRING VALLEY	State NY	Zip Code 10977	Transaction ID : SB17.18729.0	
Purpose of Disbursement HAYWORTH IN-KIND: UTILITIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. NAN HAYWORTH			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address PO BOX 394			Amount of Each Disbursement this Period 61.60	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.18741	
Purpose of Disbursement IN-KIND: OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NY	District: 18			

Full Name (Last, First, Middle Initial) C. BEST BUY			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 2001 SOUTH ROAD			Amount of Each Disbursement this Period 61.60	
City POUGHKEEPSIE	State NY	Zip Code 12601	Transaction ID : SB17.18741.0	
Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	61.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 1923.81 Transaction ID : SB17.18731
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: VAN RENTAL	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) B. ENTERPRISE RENT-A-CAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 6 BATES GATES RD		Amount of Each Disbursement this Period 1923.81 Transaction ID : SB17.18731.0 [MEMO ITEM]
City NEW HAMPTON State NY Zip Code 10958	Purpose of Disbursement HAYWORTH IN-KIND: VAN RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 1971.62 Transaction ID : SB17.18735
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: VAN RENTAL	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

SUBTOTAL of Disbursements This Page (optional).....	3895.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ENTERPRISE RENT-A-CAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 6 BATES GATES RD		Amount of Each Disbursement this Period 1971.62
City NEW HAMPTON	State NY	
Zip Code 10958	Purpose of Disbursement HAYWORTH IN-KIND: VAN RENTAL	Transaction ID : SB17.18735.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 262.39
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	Transaction ID : SB17.18785
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) C. BJ'S WHOLESALE CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 232 LARKIN DRIVE		Amount of Each Disbursement this Period 262.39
City MONROE	State NY	
Zip Code 10950	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	Transaction ID : SB17.18785.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	262.39
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 126 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 28.38
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement IN-KIND: TRAVEL: FUEL	Category/Type	Transaction ID : SB17.18783
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1208 OREGON ROAD		Amount of Each Disbursement this Period 28.38
City CORTLANDT MANOR	State NY Zip Code 10567	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	Category/Type	Transaction ID : SB17.18783.0 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 43.06
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement IN-KIND: TRAVEL: FUEL	Category/Type	Transaction ID : SB17.18769
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

SUBTOTAL of Disbursements This Page (optional).....	71.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1208 OREGON ROAD		Amount of Each Disbursement this Period 43.06
City CORTLANDT MANOR	State NY	
Zip Code 10567	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	Transaction ID : SB17.18769.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 30.00
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement IN-KIND: TRAVEL: FUEL	Transaction ID : SB17.18774
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) C. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1208 OREGON ROAD		Amount of Each Disbursement this Period 30.00
City CORTLANDT MANOR	State NY	
Zip Code 10567	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	Transaction ID : SB17.18774.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.00
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 128 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 33.08 Transaction ID : SB17.18772
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement IN-KIND: TRAVEL: FUEL	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: NY	District: 18	

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1208 OREGON ROAD		Amount of Each Disbursement this Period 33.08 Transaction ID : SB17.18772.0 [MEMO ITEM]
City CORTLANDT MANOR	State NY	
Zip Code 10567	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State:	District:	

Full Name (Last, First, Middle Initial) C. HUDSON VALLEY NEWS		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address P.O. BOX 268		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.18828
City HYDE PARK	State NY	
Zip Code 12538	Purpose of Disbursement PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	433.08
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 129 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. HUDSON VALLEY PRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address P.O. BOX 2160		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.18830
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ICAMPAIGN LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 2 GOLDWIN ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.18831
City RYE	State NY	
Zip Code 10580	Purpose of Disbursement DATA MANAGEMENT SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. IDS CONSULTING GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 83 CRANBERRY DRIVE		Amount of Each Disbursement this Period 1900.00 Transaction ID : SB17.18833
City HOPEWELL JUNCTION	State NY	
Zip Code 12533	Purpose of Disbursement TECHNOLOGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3550.00
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 130 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. INTERSTATE WASTE SERVICES		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 89 BLACK MEADOW RD		Amount of Each Disbursement this Period 154.32
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement CLEANING SERVICES	Transaction ID : SB17.18834
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 339476.00
City PRINCETON	State NJ	
Zip Code 08540	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.18835
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 78120.00
City PRINCETON	State NJ	
Zip Code 08540	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.18836
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	417750.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 15919.66 Transaction ID : SB17.18837
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 523649.00 Transaction ID : SB17.18838
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 15706.60 Transaction ID : SB17.18839
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	555275.26
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 132 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. KOBU ASIAN BISTRO		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 903 S LAKE BLVD		Amount of Each Disbursement this Period 7,500.00 Transaction ID : SB17.19582
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. KOBU ASIAN BISTRO		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 903 S LAKE BLVD		Amount of Each Disbursement this Period 42.75 Transaction ID : SB17.19592
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement AMEX 10/20 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.18849
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 133 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

A. MAJORITY STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 9000.00

Transaction ID : SB17.18850

B. SAMANTHA MENH

Full Name (Last, First, Middle Initial)
Mailing Address 4329 LELAND ST.

City CHEVY CHASE State MD Zip Code 20815

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 15000.00

Transaction ID : SB17.19612

C. SAMANTHA MENH

Full Name (Last, First, Middle Initial)
Mailing Address 4329 LELAND ST.

City CHEVY CHASE State MD Zip Code 20815

Purpose of Disbursement MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 1080.21

Transaction ID : SB17.18875

SUBTOTAL of Disbursements This Page (optional)..... 25080.21

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 134 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. MMF GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 91 CARMAN AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.18854
City CEDARHURST	State NY Zip Code 11516	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MMF GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 91 CARMAN AVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.18855
City CEDARHURST	State NY Zip Code 11516	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. KIMBERLY MORELLA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P.O. BOX 155		Amount of Each Disbursement this Period 28.02 Transaction ID : SB17.18847
City REDFORD HILLS	State NY Zip Code 10507	
Purpose of Disbursement MILEAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4028.02
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 135 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. KIMBERLY MORELLA		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address P.O. BOX 155		Amount of Each Disbursement this Period 112.76 Transaction ID : SB17.18848
City REDFORD HILLS	State NY	
Zip Code 10507	Purpose of Disbursement MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NEWS OF THE HIGHLANDS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address P.O. BOX 518		Amount of Each Disbursement this Period 433.90 Transaction ID : SB17.18857
City CORNWALL	State NY	
Zip Code 12518	Purpose of Disbursement PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PALACIO		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 1700 ROUTE 17M		Amount of Each Disbursement this Period 1356.25 Transaction ID : SB17.18862
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1902.91
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 136 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1201.33 Transaction ID : SB17.18863
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICE/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 798.10 Transaction ID : SB17.18864
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICE/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 214 NORTH FAYETTE STREET		Amount of Each Disbursement this Period 11000.00 Transaction ID : SB17.18869
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12999.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. PUBLIC OPINION STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 214 NORTH FAYETTE STREET			Amount of Each Disbursement this Period 41500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.18870	
Purpose of Disbursement POLLING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 263.11	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.18871	
Purpose of Disbursement DATA MANAGEMENT SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 1208 OREGON ROAD			Amount of Each Disbursement this Period 63.54	
City CORTLANDT MANOR	State NY	Zip Code 10567	Transaction ID : SB17.19583	
Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FUEL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	41763.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. TACO BELL		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 85 BROOKSIDE AVE		Amount of Each Disbursement this Period 4,567,890.12 15.31
City CHESTER State NY Zip Code 10918	Purpose of Disbursement AMEX 10/20 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.19580 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JAVIER TAPIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 10 PINWOOD DR.		Amount of Each Disbursement this Period 4,567,890.12 72.30
City GLENNVILLE State NY Zip Code 12302	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.18894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE MILLBROOK INDEPENDENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address P.O. BOX 1210		Amount of Each Disbursement this Period 4,567,890.12 350.00
City MILLBROOK State NY Zip Code 12545	Purpose of Disbursement PRINT ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.18879
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	422.30
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 139 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. THE PUTNAM COUNTY COURIER, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address ATTN: CAROL 144 MAIN ST.		Amount of Each Disbursement this Period 1041.00 Transaction ID : SB17.18881
City COLD SPRING	State NY	
Zip Code 10516	Purpose of Disbursement PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE PUTNAM COUNTY NEWS & RECORDER, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address ATTN: CAROL 144 MAIN ST.		Amount of Each Disbursement this Period 978.00 Transaction ID : SB17.18883
City COLD SPRING	State NY	
Zip Code 10516	Purpose of Disbursement PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE RECORD REVIEW		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address ATTN: FRANCESCA LYNCH P.O. BOX 455		Amount of Each Disbursement this Period 788.44 Transaction ID : SB17.18885
City BEDFORD HILLS	State NY	
Zip Code 10589	Purpose of Disbursement PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2807.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. THE RIVER GRILL		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address 40 FRONT ST		Amount of Each Disbursement this Period 36.27
City NEWBURGH	State NY Zip Code 12550	
Purpose of Disbursement AMEX 10/20 PAYMENT: MEETING EXPENSE: MEALS		Transaction ID : SB17.19578
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TRUST U/L/W/T/O ANDREW PALMER		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address P.O. BOX 489		Amount of Each Disbursement this Period 1000.00
City CHESTER	State NY Zip Code 10918	
Purpose of Disbursement RENT		Transaction ID : SB17.18889
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P. O. BOX 15124		Amount of Each Disbursement this Period 417.78
City ALBANY	State NY Zip Code 12212	
Purpose of Disbursement UTILITIES		Transaction ID : SB17.18890
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1417.78
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 141 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address P.O. BOX 4003		Amount of Each Disbursement this Period 32.44
City ACWORTH	State GA	
Zip Code 30101	Purpose of Disbursement AMEX 10/20 PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.19576
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 3133 EAST MAIN ST		Amount of Each Disbursement this Period 178.13
City MOHEGAN LAKE	State NY	
Zip Code 10547	Purpose of Disbursement AMEX 10/20 PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.19588
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3133 EAST MAIN ST		Amount of Each Disbursement this Period 188.43
City MOHEGAN LAKE	State NY	
Zip Code 10547	Purpose of Disbursement AMEX 10/20 PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.19593
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3133 EAST MAIN ST		Amount of Each Disbursement this Period 416.13
City MOHEGAN LAKE	State NY Zip Code 10547	
Purpose of Disbursement AMEX 10/20 PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.19594
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WARWICK VALLEY DISPATCH		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address ATTN: LON TYTELL P.O. BOX 594		Amount of Each Disbursement this Period 300.00
City WARWICK	State NY Zip Code 10990	
Purpose of Disbursement PRINT ADVERTISING		Transaction ID : SB17.18892
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. WILEY REIN, LLP		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1776 K STREET NW		Amount of Each Disbursement this Period 2420.00
City WASHINGTON	State DC Zip Code 20006	
Purpose of Disbursement LEGAL CONSULTING		Transaction ID : SB17.18893
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2720.00
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 143 OF 159	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. MICHELLE WOJTOWICZ			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address P.O. BOX 511			Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.18905	
City CHESTER	State NY	Zip Code 10918		
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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).....	420.00
TOTAL This Period (last page this line number only).....	1465023.01

**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 144 OF 159	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. MR. MARTIN J. BIENENSTOCK			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 514 MT. HOLLY RD.			Amount of Each Disbursement this Period 400.00	
City KATONAH	State NY	Zip Code 10536-2405	Transaction ID : SB20A.18851	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STEVEN DAVIS			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 64 WEST SHORE DR			Amount of Each Disbursement this Period 3300.00	
City PUTNAM VALLEY	State NY	Zip Code 10579	Transaction ID : SB20A.18877	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. KEEPING AMERICA COMPETITIVE			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 4 OLD ROUND HILL LANE			Amount of Each Disbursement this Period 2400.00	
City GREENWICH	State CT	Zip Code 06831	Transaction ID : SB20A.18844	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6100.00
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 145 OF 159	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. STEPHEN J. LEHRMAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 100 UPPER LAKE SHORE DRIVE		Amount of Each Disbursement this Period 1035.00 Transaction ID : SB20A.18876
City KATONAH State NY Zip Code 10536	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GEORGE A. LONG		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 14 LOWER SHAD ROAD		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB20A.18825
City POUND RIDGE State NY Zip Code 10576	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW MILLER JR.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 30 BURTON HILLS BLVD.		Amount of Each Disbursement this Period 5100.00 Transaction ID : SB20A.18792
City NASHVILLE State TN Zip Code 37215	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7535.00
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 146 OF 159			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. APRIL POWERS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 630 N. WYMORE RD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.18794
City MAITLAND	State FL	
Zip Code 32751	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. KEVIN POWERS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 630 N WYMORE RD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.18846
City MAITLAND	State FL	
Zip Code 32751	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. JUDY STEINHARDT		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 428 CROTON LAKE RD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.18843
City MOUNT KISCO	State NY	
Zip Code 10549	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 147 OF 159			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. MICHAEL H. STEINHARDT			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 712 5TH AVENUE FLOOR 34			Amount of Each Disbursement this Period 700.00	
City NEW YORK	State NY	Zip Code 10019	Transaction ID : SB20A.18852	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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).....	700.00
TOTAL This Period (last page this line number only).....	21835.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5177

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

110000.00

48000.00

62000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09 / 26 / 2009

DUE ON DEMAND

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

62000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5180**

LOAN SOURCE Full Name (Last, First, Middle Initial) **NAN HAYWORTH** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 394
 City FISHKILL State NY ZIP Code 12524

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS
 Date Incurred: M 09 / D 30 / Y 2009
 Date Due: M / D / Y **DUE ON DEMAND**
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	40000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5181

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2009 Y

M M /

D D /

Y DUE ON DEMAND Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

100000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5183

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 15500.00 134500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 / 31 / 2010

DUE ON DEMAND

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 134500.00
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5184

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2010

DUE ON DEMAND

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4731

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.4782**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394	

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10033.45	0.00	10033.45

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 18 / Y 2012	M / D / ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10033.45
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.4783**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394	

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63500.00	0.00	63500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 21 / Y 2012	M M / D D / Y DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	63500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5187**

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 0.00 50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

22

2013

DUE ON DEMAND

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 50000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.14516**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8527.39	0.00	8527.39

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2013	M M / D D / Y Y Y Y DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	8527.39
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.16432**

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500000.00 0.00 500000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2014 DUE ON DEMAND 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 500000.00
TOTALS This Period (last page in this line only)..... 1168560.84

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH STREET

City State Zip Code
 ALEXANDRIA VA 22314

Nature of Debt (Purpose):
 DIGITAL CONSULTING

Outstanding Balance Beginning This Period	Transaction ID : SD10.16433	
<input type="text" value="1758.64"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	Outstanding Balance at Close of This Period	<input type="text" value="1758.64"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1758.64"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1758.64"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="1168560.84"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1170319.48"/>