

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 462 California Road  
 Check if different than previously reported. (ACC) Bronxville NY 10708

2. **FEC IDENTIFICATION NUMBER** ▼ C00236513 CITY ▲ Bronxville STATE ▲ NY ZIP CODE ▲ STATE ▼ DISTRICT NY 16

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

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

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 06 / 05 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Arnold Linhardt  
Signature of Treasurer Arnold Linhardt *[Electronically Filed]* Date M M / D D / Y Y Y Y 09 / 17 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Engel for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	74900.00	927965.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	74900.00	926965.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24194.03	518917.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24194.03	518917.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	326256.79	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Engel for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32400.00	589285.00
(ii) Unitemized.....	0.00	9205.00
(iii) TOTAL of contributions from individuals ▶	32400.00	598490.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	42500.00	329475.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	74900.00	927965.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	74900.00	927965.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24194.03	518917.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	33000.00	203250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	57194.03	723167.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	308550.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74900.00
25. SUBTOTAL (add Line 23 and Line 24).....	383450.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57194.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	326256.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cyrus Samet**

Mailing Address 5024 Brampton Pkwy

City Ellicott City State MD Zip Code 21043-7423

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

Name of Employer Baltimore Washington Medical Center Occupation Pharmacy Operations Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A1A8537DF57134EEFA1D**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address 4021 Jarvins Drive

City Alexandria State VA Zip Code 22310-2036

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 **1600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A471ED885C90C42A3AD6**

Amount of Each Receipt this Period  
**1600.00**

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

Mailing Address 12040 Thomas Ave

City Great Falls State VA Zip Code 22066-1000

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

Name of Employer Koow's Toyota Occupation Auto Technician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A1EB83CF036F2406D89F**

Amount of Each Receipt this Period  
**2000.00**

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

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

**5600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maryam Filipour**

Mailing Address 6854 Kerrywood Cir

City State Zip Code  
Centreville VA 20121-5035

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

Name of Employer Occupation  
Winwood Children Center Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A8974D24589664A36935**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 43 Centre View Drive

City State Zip Code  
Oyster Bay NY 11771-2815

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

Name of Employer Occupation  
Chudnow Manufacturing Company Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : A28495A77A5E9454896B**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 6854 Kerrywood Circle

City State Zip Code  
Centreville VA 20121-5035

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

Name of Employer Occupation  
Canon Sr. Digital Specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : AB94EBF71EE0140C9BDD**

Amount of Each Receipt this Period  
700.00

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

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

4300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ali A Khosravian**

Mailing Address 5209 Farm Pond Ln

City Columbia State MD Zip Code 21045-2234

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

Name of Employer **BWMC** Occupation **Porch-sing Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : AA6024EE1EA064E88B1A**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 18 Johnson Ct

City Cresskill State NJ Zip Code 07626-1730

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

Name of Employer **Monroe College** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A535FC78F6DCD44E68A8**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 87 Cliff Rd

City Milton State MA Zip Code 02186-1732

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

Name of Employer **Delahunt Group** Occupation **Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : AA939C46F509F44DD9F2**

Amount of Each Receipt this Period  
 1000.00

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laurence A Herrup**

Mailing Address 326 71st Street

City	State	Zip Code
Miami Beach	FL	33141-3014

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

Name of Employer	Occupation
Laurence A. Herrup, CPA, PA	Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A12F89F7222C3410C9BC**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Van D. Hipp Jr.**

Mailing Address 809 N. Quaker Lane

City	State	Zip Code
Alexandria	VA	22302-3416

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

Name of Employer	Occupation
American Defense Intl, Inc	Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A792D1E4C1BA34F39B87**

Amount of Each Receipt this Period

250.00

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

Mailing Address 1621 Wisconsin Ave

City	State	Zip Code
Washington	DC	20007-7726

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

Name of Employer	Occupation
G. T. Skin Care	Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A7C2D447ACDF849508FA**

Amount of Each Receipt this Period

2000.00

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

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

2750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roberta Greenberg**

Mailing Address 84 Dusk Dr

City New Rochelle State NY Zip Code 10804-2904

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

Name of Employer Monroe College Occupation College Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A5606CAF2190D4C52B72**

Amount of Each Receipt this Period  
 2200.00

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

Mailing Address 9755 Duffer Way

City Montgomery Village State MD Zip Code 20886-1303

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

Name of Employer EIS Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A74CFE61B50C545E6A30**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 224 Lincoln St

City Englewood State NJ Zip Code 07631-3157

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

Name of Employer Monroe College Occupation College Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A50FC7C267F6242838DA**

Amount of Each Receipt this Period  
 2600.00

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

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

7400.00

**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 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Herson**

Mailing Address 8709 Burning Tree Road

City State Zip Code  
Bethesda MD 20817-3054

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

Name of Employer Occupation  
American Defense International Government Affairs Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : A5F765049674443E6947**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11181 Longwood Grove Drive

City State Zip Code  
Reston VA 20194-1312

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

Name of Employer Occupation  
Sprint Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2014

**Transaction ID : A7B0B14111C564F5B84A**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4800 Dexter Strett NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
The Duberstein Group Unknown

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2014

**Transaction ID : A7C5BFE7F2B454990906**

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 11 OF 32
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>Stephen Jerome</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 18 Johnson Ct		<b>Transaction ID : ABDF35864231A4723954</b>
City Cresskill	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Monroe College	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>Faezeh Khalilian Sami</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2014
Mailing Address 11605 Crow Hill Dr		<b>Transaction ID : AF712D3FD05384F45BD5</b>
City Parker	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Self-employed	Occupation Ballroom Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	32400.00

**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 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy PAC**

Mailing Address 1111 N. Fairfax Street

City State Zip Code  
Alexandria VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

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  
06 / 23 / 2014

**Transaction ID : A830539E5EA8842B99AA**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**General Dynamics Corp PAC**

Mailing Address 2941 Fairview Park Drive #100

City State Zip Code  
Falls Church VA 22042-4541

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

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  
06 / 23 / 2014

**Transaction ID : A58FC3139D51947A0B8C**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 175 East Houston Room 7-A-50

City State Zip Code  
San Antonio TX 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

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  
06 / 22 / 2014

**Transaction ID : ADE73CEC7A3C94502BD5**

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 13 OF 32
	<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)  
**Engel for Congress**

**A. Clearchannel Communications PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 E Basse Road

City San Antonio State TX Zip Code 78209-8328

FEC ID number of contributing federal political committee. **C C00279216**

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  
 06 / 24 / 2014

**Transaction ID : ACCC250E792384442B1B**

Amount of Each Receipt this Period  
1000.00

**B. Google Netpac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 New York Avenue, NW

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00428623**

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  
 06 / 23 / 2014

**Transaction ID : A7D400A15492B451B8D9**

Amount of Each Receipt this Period  
1000.00

**C. National Cable & Telecommunications Asso**

Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Massachusetts Avenue Nw

City Washington State DC Zip Code 20036-1903

FEC ID number of contributing federal political committee. **C C00010082**

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  
 06 / 24 / 2014

**Transaction ID : AE283229287CE435D896**

Amount of Each Receipt this Period  
1500.00

**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 14 OF 32
	<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)  
**Engel for Congress**

**A. Action Committee For Rural Electrificati - ACRE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Blvd

City: Arlington State: VA Zip Code: 22203-1867

FEC ID number of contributing federal political committee: **C C00002972**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 23 / 2014

**Transaction ID : ABE6004AAA9314B6D9CE**

Amount of Each Receipt this Period: 1000.00

**B. National Association of Broadcasters PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1771 N. Street, NW

City: Washington State: DC Zip Code: 20036-2800

FEC ID number of contributing federal political committee: **C C00009985**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4500.00

Date of Receipt: 06 / 25 / 2014

**Transaction ID : A210B39F043BA4B51824**

Amount of Each Receipt this Period: 1000.00

**C. BAE Systems USA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 Wilson Blvd

City: Arlington State: VA Zip Code: 22209-2211

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

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 06 / 23 / 2014

**Transaction ID : AF4E2BCEC4E4344FAAC5**

Amount of Each Receipt this Period: 2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<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)  
**Engel for Congress**

**A. Novo Nordisk Changing Diabetes PAC**

Full Name (Last, First, Middle Initial)  
Novo Nordisk Changing Diabetes PAC

Mailing Address 1155 F Street, NW  
Suite 1159

City Washington State DC Zip Code 20004-1312

FEC ID number of contributing federal political committee. **C C00424838**

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  
 06 / 23 / 2014

**Transaction ID : AAD762F30BA064DD38A6**

Amount of Each Receipt this Period  
1000.00

**B. Raytheon PAC**

Full Name (Last, First, Middle Initial)  
Raytheon PAC

Mailing Address 1100 Wilson Blvd  
Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

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

**Transaction ID : A1C5AD6925DE2489086A**

Amount of Each Receipt this Period  
1000.00

**C. Heineken USA Good Government Fund**

Full Name (Last, First, Middle Initial)  
Heineken USA Good Government Fund

Mailing Address 360 Hamilton Avenue  
Ste 1103

City White Plains State NY Zip Code 10601-1841

FEC ID number of contributing federal political committee. **C C00358234**

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  
 06 / 23 / 2014

**Transaction ID : AD2FEB341FEB54C25B9B**

Amount of Each Receipt this Period  
2000.00

**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 16 OF 32
<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)  
**Engel for Congress**

**A. National Beer Wholesales Assoc. NBWA PAC**

Full Name (Last, First, Middle Initial)  
National Beer Wholesales Assoc. NBWA PAC

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A16A87FD4503D41188B5**

Amount of Each Receipt this Period  
5000.00

**B. Dealers Election Action Cmttee Natl Aut**

Full Name (Last, First, Middle Initial)  
Dealers Election Action Cmttee Natl Aut

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102-5116

FEC ID number of contributing federal political committee. **C C00040998**

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  
06 / 22 / 2014

**Transaction ID : AD57B8CBF69624FE49C7**

Amount of Each Receipt this Period  
2500.00

**C. United Technologies PAC**

Full Name (Last, First, Middle Initial)  
United Technologies PAC

Mailing Address United Technologies Building

City Hartford State CT Zip Code 06101

FEC ID number of contributing federal political committee. **C C00035683**

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  
06 / 23 / 2014

**Transaction ID : AE0FD1D847B764A478B0**

Amount of Each Receipt this Period  
2500.00

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

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

10000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Medical Association**

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005-3521

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : A75A7919244674EF79CC**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Academy of Dermatology Assn. PAC**

Mailing Address 1445 New York Avenue, NW  
Suite 800

City Washington State DC Zip Code 20005-2125

FEC ID number of contributing federal political committee. **C C00359539**

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  
 06 / 24 / 2014

**Transaction ID : AB98B24022F054E00AF6**

Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Gov't. Fund**

Mailing Address 1331 Pennsylvania Ave., NW  
Suite 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

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  
 06 / 23 / 2014

**Transaction ID : A15CFE7E6630E4B09A5C**

Amount of Each Receipt this Period  
 1000.00

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

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Association for Justice AAJ PAC**

Mailing Address 1050 31st Street, NW

City Washington State DC Zip Code 20007-4405

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

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

**Transaction ID : A719AB0A23C6A4106A71**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Broadcasters PAC**

Mailing Address 1771 N. Street, NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

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

**Transaction ID : AF1BDBC61094047E5B99**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**American College of Radiology Assoc. RADPAC**

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

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  
**1000.00**

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

**Transaction ID : AAF1AE48533994BC58F2**

Amount of Each Receipt this Period  
**1000.00**

**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: PAGE 19 OF 32  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sugar Cane Growers Cooperative**

Mailing Address PO Box 666

City Belle Glade State FL Zip Code 33430-0666

FEC ID number of contributing federal political committee. **C C00254656**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : ADDF457CF0FD5459FAC0**

Amount of Each Receipt this Period  
 2000.00

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies**

Mailing Address 1015 15th Street NW

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : AC9EB910F77114363AD9**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

Mailing Address Five Moore Drive

City Durham State NC Zip Code 27709-0143

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : AA623D50A27414B16B35**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

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

4000.00

42500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bronx Historical Society</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : BB622F98467F64AD0985</b>
City	State Zip Code 0000	
Purpose of Disbursement Journal ads	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. YMCA of Yonkers</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 17 Riverdale Ave		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : B8EF8FEF7B56A4CB3999</b>
City	State Zip Code Yonkers NY 10701-3646	
Purpose of Disbursement Journal ad	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lori Copland</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3816 Review Pl Apt 3B		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : BA0BDC80C6A194BADA9F</b>
City	State Zip Code Bronx NY 10463-2464	
Purpose of Disbursement computer work	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32		
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Prophet Elias Greek Orthodox Church</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 15 Leroy Avenue		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : B7016E95A43E7465D996</b>
City Yonkers State NY Zip Code 10705-4562	Purpose of Disbursement tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JASA Grandparent's Connection</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : BDFF09E7319DB47BF88E</b>
City Bronx State NY Zip Code 10475	Purpose of Disbursement Journal ad	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : B140C759E1D0E4FB9B1D</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Campaign software fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Williamsbridge NAACP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 680 E 219th St		Amount of Each Disbursement this Period 335.00 <b>Transaction ID : B10F8B2A0A1794ECD805</b>
City Bronx	State NY	
Zip Code 10467-5304	Purpose of Disbursement Journal ad & tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO Box 327		Amount of Each Disbursement this Period 3415.28 <b>Transaction ID : BD3EA3B5B049E4CD0812</b>
City Newark	State NJ	
Zip Code 07101-0327	Purpose of Disbursement Credit Card: See Below	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Branford Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 2 Grace Ct		Amount of Each Disbursement this Period 4204.89 <b>Transaction ID : B22FE2416C3E84C90BE1</b>
City Brooklyn	State NY	
Zip Code 11201-4184	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7955.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32		
	<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)  
**Engel for Congress**

**A. NY Prints**

Full Name (Last, First, Middle Initial)  
Mailing Address 11-05 44th Drive

City Long Island City State NY Zip Code 11101-5107

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 2558.56

Transaction ID : B9BDD1B6E209A4B4AB66

**B. Cablevision**

Full Name (Last, First, Middle Initial)  
Mailing Address Story Ave

City Bronx State NY Zip Code 10458-0000

Purpose of Disbursement cable service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 404.94

Transaction ID : BB7E63CE427C541A781F

**c. Verizon**

Full Name (Last, First, Middle Initial)  
Mailing Address 140 West St

City New York State NY Zip Code 10007-2141

Purpose of Disbursement phone bill

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 141.51

Transaction ID : B08F0004798904BBC878

**SUBTOTAL** of Disbursements This Page (optional) ..... 3105.01

**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 24 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 14 / 2014</b>
Mailing Address <b>140 West St</b>		Amount of Each Disbursement this Period <b>246.83</b> Transaction ID : <b>BB6B7C04E4CDA44B7976</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10007-2141</b>	Purpose of Disbursement <b>phone bill</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 14 / 2014</b>
Mailing Address <b>PO Box 140</b>		Amount of Each Disbursement this Period <b>67.07</b> Transaction ID : <b>BFD02EA22C90A4A72A70</b>
City <b>Memphis</b> State <b>TN</b> Zip Code <b>38101-0140</b>	Purpose of Disbursement <b>mailing</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 14 / 2014</b>
Mailing Address <b>Story Ave</b>		Amount of Each Disbursement this Period <b>49.95</b> Transaction ID : <b>B493649A981634FCB87F</b>
City <b>Bronx</b> State <b>NY</b> Zip Code <b>10458-0000</b>	Purpose of Disbursement <b>Cable service</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>363.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 14 / 2014</b>
Mailing Address <b>30 Ivy Street</b>		Amount of Each Disbursement this Period <b>20.00</b> Transaction ID : <b>BB0BE828EA0374EE0872</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-4006</b>	Purpose of Disbursement <b>catering</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Ernie Davis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2014</b>
Mailing Address <b>Po Box 2197</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>B48050E94655C4DECA22</b>
City <b>Mount Vernon</b> State <b>NY</b> Zip Code <b>10551-2197</b>	Purpose of Disbursement <b>Tickets</b>	
Candidate Name <b>Friends of Ernie Davis</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pro Choice Voter PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2014</b>
Mailing Address <b>1156 15th Street, NW</b>		Amount of Each Disbursement this Period <b>1500.00</b> Transaction ID : <b>B50A43B83E3F542AEB66</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-1704</b>	Purpose of Disbursement <b>Voter Guide</b>	
Candidate Name <b>Pro Choice Voter PAC</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2020.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westchester County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address 170 East Post Road		Amount of Each Disbursement this Period <b>5000.00</b> Transaction ID : <b>BCCA4BF1FE0CB42719C9</b>
City White Plains	State NY	
Zip Code 10601-4909	Purpose of Disbursement Journal ad & tickets	Category/ Type
Candidate Name <b>Westchester County Democratic Committee</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Neighbors Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 20 / 2014</b>
Mailing Address 262 Cedar Lane SE Ste D		Amount of Each Disbursement this Period <b>225.00</b> Transaction ID : <b>B37F1C1563CD841479A9</b>
City Vienna	State VA	
Zip Code 22180-6600	Purpose of Disbursement Cetering	Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Broadway Diner</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 10 / 2014</b>
Mailing Address Broa		Amount of Each Disbursement this Period <b>54.19</b> Transaction ID : <b>BEE486B1B091C495B874</b> <b>[MEMO ITEM]</b>
City Yonkers	State NY	
Zip Code 10705-0000	Purpose of Disbursement Lunch with consultants	Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jetblue</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address Lga Airp		Amount of Each Disbursement this Period 398.00
City Flushing	State NY	
Zip Code 11371-0000	Purpose of Disbursement Airline Ticket	Transaction ID : <b>B877A0618270A4BC1BBF</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Residence Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 34 Charles River Ave		Amount of Each Disbursement this Period 262.09
City Boston	State MA	
Zip Code 02129-2005	Purpose of Disbursement Lodging	Transaction ID : <b>B605D85C200B948B18A6</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USAir</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address Lguardia Airp		Amount of Each Disbursement this Period 981.00
City Queens	State NY	
Zip Code 11371-0000	Purpose of Disbursement airline tickets	Transaction ID : <b>B844C728E77E5469CAA</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address Laguardia Airp			Amount of Each Disbursement this Period 422.00
City Queens	State NY	Zip Code 11371-0000	
Purpose of Disbursement Airline ticket		Category/ Type	<b>Transaction ID : BF76519E18B7143DD8B0</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address			Amount of Each Disbursement this Period 250.00
City	State	Zip Code 0000	
Purpose of Disbursement Airline ticket		Category/ Type	<b>Transaction ID : BF7746029F57B444688E</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. TM-WDC Host Ticket Agency</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 3701 Wilshire Blvd			Amount of Each Disbursement this Period 247.00
City Los Angeles	State CA	Zip Code 90010-2804	
Purpose of Disbursement ticket		Category/ Type	<b>Transaction ID : BBF8A244105D24D3DBB1</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 32	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address Lga Airp		Amount of Each Disbursement this Period 982.00
City Flushing	State NY Zip Code 11371-0000	
Purpose of Disbursement Airline tickets	Candidate Name	Transaction ID : BC386BB2A2FB94EBA8E4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	23819.03

**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 30 OF 32			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friends of Dan Maffei</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 74		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : BA602FE91AA25441AA5B</b>
City Syracuse	State NY	
Zip Code 13214-0074	Purpose of Disbursement Contribution to NY24	Category/ Type
Candidate Name <b>Dan Maffei</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 25	

Full Name (Last, First, Middle Initial) <b>B. Sean Patrick Maloney for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 18 West Main street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B2D0639A3FCD24C8FB65</b>
City Beacon	State NY	
Zip Code 12508-2512	Purpose of Disbursement Contribution to NY18	Category/ Type
Candidate Name <b>Rep. Sean Patrick Maloney</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 18	

Full Name (Last, First, Middle Initial) <b>c. Pete Aguilar For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 10954		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B313D1A84D90C404FAC2</b>
City San Bernardino	State CA	
Zip Code 92423-0954	Purpose of Disbursement Contribution to CA31	Category/ Type
Candidate Name <b>Rep. Pete Aguilar</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 31	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 32			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ron Barber for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 57715		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B4E9D6432D3084291863</b>
City Tucson	State AZ	
Zip Code 85732-7715		Category/ Type
Purpose of Disbursement Contribution to AZ02		
Candidate Name <b>Rep. Ron Barber</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 02	

Full Name (Last, First, Middle Initial) <b>B. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 430 S. Capitol St. Se		Amount of Each Disbursement this Period 25000.00 <b>Transaction ID : B7221A2BDBAE646C9943</b>
City Washington	State DC	
Zip Code 20003-4024		Category/ Type
Purpose of Disbursement Unlimited transfer to a National Party		
Candidate Name <b>DCCC</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Schneider for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 3000 W. Dundee, Suite 320		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : BA98D6AB3F86948698C8</b>
City Northbrook	State IL	
Zip Code 60062-2434		Category/ Type
Purpose of Disbursement Contribution to IL10		
Candidate Name <b>Brad Schneider</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 10	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 32	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Foust for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 6888 ELM ST. STE 1C		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B5521AC76D25F491A896</b>
City McLean State VA Zip Code 22101-3894	Purpose of Disbursement Contribution to VA10	
Candidate Name <b>Hon. John Foust</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Friends of Lois Capps</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 327 Plaza Drive Suite 4		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B93FFB9529546404398E</b>
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement Contribution to CA24	
Candidate Name <b>Rep. Lois Capps</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 23		

Full Name (Last, First, Middle Initial) <b>c. Kuster for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 1498		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B872B3E73A6114AC89B5</b>
City Concord State NH Zip Code 03302-1498	Purpose of Disbursement Contribution to NH02	
Candidate Name <b>Rep. Annie Kuster</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	33000.00