

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
Elise for Congress

ADDRESS (number and street) PO Box 338
 Check if different than previously reported. (ACC) Willsboro NY 12996

2. **FEC IDENTIFICATION NUMBER** C C00547893 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NY 21

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 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 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 James E. Morris
Signature of Treasurer James E. Morris *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 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
Elise 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))....	157842.84	398446.92
(b) Total Contribution Refunds (from Line 20(d))	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	157592.84	398196.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	119812.43	173289.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	119812.43	173288.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	350825.35	
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).....	31489.92	

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

Elise for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	94375.00	281312.00
(ii) Unitemized.....	13213.00	30457.01
(iii) TOTAL of contributions from individuals ▶	107588.00	311769.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	40500.00	62250.00
(d) The Candidate.....	9754.84	24427.91
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	157842.84	398446.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	110917.19	110917.19
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	15000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	15000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.66
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	268760.03	524364.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	119812.43	173289.42
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	250.00	250.00
(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)).....	250.00	250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	120062.43	173539.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	202127.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	268760.03
25. SUBTOTAL (add Line 23 and Line 24).....	470887.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	120062.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	350825.35

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
DAVID S. ADDINGTON

Mailing Address 103 W MAPLE ST

City State Zip Code
ALEXANDRIA VA 22301-2605

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

Name of Employer Occupation
THE HERITAGE FOUNDATION GROUP VICE 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
03 / 07 / 2014

Transaction ID : SA11.654

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MITCH BAINWOL

Mailing Address 8455 LEE ALAN DRIVE

City State Zip Code
FAIRFAX STATION VA 22039-2643

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

Name of Employer Occupation
AUTOMOBILE MANUFACTURERS ASSOCIAT 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
03 / 26 / 2014

Transaction ID : SA11.793

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES BARTON

Mailing Address 66 BROWNS PATH

City State Zip Code
QUEENSBURY NY 12804-5825

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

Name of Employer Occupation
THE BARTON GROUP COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.787

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

**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 124
	<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)
Elise for Congress

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

Mailing Address **86 GLEN STREET**

City **GLENS FALLS** State **NY** Zip Code **12801-4433**

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

Name of Employer **BEHAN COMMUNICATIONS INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11.568

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JANET BERMAN

Mailing Address **3055 WHITEHAVEN ST, NW**

City **WASHINGTON** State **DC** Zip Code **20008-3613**

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

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

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
03 / 25 / 2014

Transaction ID : SA11.785

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEONARD D. BILES JR.

Mailing Address **33 TWICWOOD LN RM 2**

City **GLENS FALLS** State **NY** Zip Code **12804-1330**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.692

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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 7 OF 124
	<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)
Elise for Congress

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

Mailing Address 429 NORTH ROAD

City GREENWICH State NY Zip Code 12834-2827

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

Name of Employer KING ARTHUR FLOUR Occupation SVP/GM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.764

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RACHEL BRAND

Mailing Address 2008 ROCKINGHAM STREET

City MCLEAN State VA Zip Code 22101-4924

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

Name of Employer NATIONAL CHAMBER LITIGATION CENTER Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.828

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES M. BROOKS

Mailing Address 46 NORTHWOOD ROAD

City LAKE PLACID State NY Zip Code 12946-3624

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.779

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

1500.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
A. BRADFORD CARD

Mailing Address 896 HELGA PLACE

City MCLEAN State VA Zip Code 22102-2164

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.884

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LANHEE CHEN

Mailing Address 2761 DOVERTON SQUARE

City MOUNTAIN VIEW State CA Zip Code 94040-4481

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

Name of Employer STANFORD UNIVERSITY Occupation RESEARCH FELLOW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11.639

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

Mailing Address 500 BRAIM RD

City GREENFIELD CENTER State NY Zip Code 12833-1736

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

Name of Employer D.A. COLLINS CONSTRUCTION Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.804

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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 9 OF 124
	<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)
Elise for Congress

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

Mailing Address 52 CLARK STREET

City: BROOKLYN State: NY Zip Code: 11201-2417

FEC ID number of contributing federal political committee: C

Name of Employer: NYC MAYOR'S OFFICE Occupation: DEPUTY ANALYTICS OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 720.00

Date of Receipt: 01 / 14 / 2014

Transaction ID : SA11.397

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER CORCORAN

Mailing Address 52 CLARK STREET

City: BROOKLYN State: NY Zip Code: 11201-2417

FEC ID number of contributing federal political committee: C

Name of Employer: NYC MAYOR'S OFFICE Occupation: DEPUTY ANALYTICS OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 720.00

Date of Receipt: 01 / 29 / 2014

Transaction ID : SA11.564

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER CORCORAN

Mailing Address 52 CLARK STREET

City: BROOKLYN State: NY Zip Code: 11201-2417

FEC ID number of contributing federal political committee: C

Name of Employer: NYC MAYOR'S OFFICE Occupation: DEPUTY ANALYTICS OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 720.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.859

Amount of Each Receipt this Period: 25.00

CONTRIBUTION

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

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

525.00

**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 124
	<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)
Elise for Congress

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

Mailing Address 6610 MAUGH RD.

City State Zip Code
MCLEAN VA 22101-4021

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

Name of Employer Occupation
REPUBLICAN GOVERNORS ASSOCIATION CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11.390

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM Y. CROWELL III

Mailing Address 20 HOLLY LANE

City State Zip Code
LAKE GEORGE NY 12845-5124

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

Name of Employer Occupation
WHITEMAN OSTERMAN & HANNA LLP 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
02 / 19 / 2014

Transaction ID : SA11.605

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAY CURTIS

Mailing Address 885 RT 67

City State Zip Code
BALLSTON SPA NY 12020-

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

Name of Employer Occupation
SELF BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11.765

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

3250.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS E. D'AMBRA PH.D.

Mailing Address 370 RIVERVIEW RD

City REXFORD State NY Zip Code 12148-1428

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.772

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY C. DAKE

Mailing Address 87 RAILROAD PL APT 407

City SARATOGA SPRINGS State NY Zip Code 12866-2144

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.660

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ZORAIDA F. DE FONALLEDAS

Mailing Address PO BOX 71450

City SAN JUAN State PR Zip Code 00936-8550

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.677

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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 12 OF 124
	<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)
Elise for Congress

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

Mailing Address P.O. BOX 527

City NEW YORK State NY Zip Code 10009-0527

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

Name of Employer **FACTSET RESEARCH SYSTEMS INC.** Occupation **SOFTWARE 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
 02 / 23 / 2014

Transaction ID : SA11.620

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 58 BROAD STREET

City TUPPER LAKE State NY Zip Code 12986-2122

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.642

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES ELLIS

Mailing Address 58 BROAD STREET

City TUPPER LAKE State NY Zip Code 12986-2122

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.817

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 124
	<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)
Elise for Congress

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

Mailing Address 690 AMERICA CT

City State Zip Code
DAVIDSONVILLE MD 21035-1332

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

Name of Employer Occupation
CITIGROUP MANAGEMENT CORP SR GOVERNMENT AFFAIRS REP

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
03 / 31 / 2014

Transaction ID : SA11.856

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NICHOLAS EVERHART

Mailing Address 1829 NORTH DEVON ROAD

City State Zip Code
UPPER ARLINGTON OH 43212-1953

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

Name of Employer Occupation
MAJORITY STRATEGIES POLITICAL 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 Y Y
03 / 31 / 2014

Transaction ID : SA11.861

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 5254 ROUTE 9N

City State Zip Code
CORINTH NY 12822-2606

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.881

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) MARY FRANCES FASO		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address PO BOX 474		Transaction ID : SA11.609	
City KINDERHOOK	State NY	Zip Code 12106-0474	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ICHABOD CRANE SCHOOL DISTRICT		Occupation R.N.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. SEAN FIELER		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 40 HASLET AVE		Transaction ID : SA11.592	
City PRINCETON	State NJ	Zip Code 08540-4914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFF	
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) MR. SEAN FIELER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 40 HASLET AVE		Transaction ID : SA11.914	
City PRINCETON	State NJ	Zip Code 08540-4914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	

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 15 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) MR. SEAN FIELER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 40 HASLET AVE		Transaction ID : SA11.1010	
City PRINCETON	State NJ	Zip Code 08540-4914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	
		CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) MR. SEAN FIELER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 40 HASLET AVE		Transaction ID : SA11.914B	
City PRINCETON	State NJ	Zip Code 08540-4914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	
		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) MARY FITZPATRICK		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 624 EAGLE WATCH LANE		Transaction ID : SA11.840	
City OSPREY	State FL	Zip Code 34229-9326	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	
		CONTRIBUTION	

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 16 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. JAIME FONALLEDAS JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address PO BOX 71450		Transaction ID : SA11.717	
City SAN JUAN	State PR	Zip Code 00936-8550	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. MR. DAVID B. FORER		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 131 EAST 66TH ST		Transaction ID : SA11.651	
City NEW YORK	State NY	Zip Code 10065-6129	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INTERMARKET CORPORATION	Occupation MANAGING DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. MR. HERNAN R. FRANCO		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address COND. PLAYABLANCA APT. 901		Transaction ID : SA11.589	
City CAROLINA	State PR	Zip Code 00979-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 17 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LUKE FRANS

Mailing Address **802 FOUR MILE ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22305-1592**

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

Name of Employer **RESURGENT REPUBLIC** Occupation **PUBLIC AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.855

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID R. FRAUENSHUH

Mailing Address **7101 WEST 78TH ST STE 100**

City **MINNEAPOLIS** State **MN** Zip Code **55439-2527**

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

Name of Employer **FRAUENSHUH** Occupation **CEO/FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.759

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **7101 WEST 78TH ST STE 100**

City **MINNEAPOLIS** State **MN** Zip Code **55439-2527**

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

Name of Employer **FRAUENSHUH** Occupation **CEO/FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.760

Amount of Each Receipt this Period
1600.00
 CONTRIBUTION

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

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

2850.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES R. FROGUE

Mailing Address 1222 NORTH MEADE ST APT. 18

City	State	Zip Code
ARLINGTON	VA	22209-3713

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.632

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SEAN GARVEY

Mailing Address 257 DIX AVENUE

City	State	Zip Code
QUEENSBURY	NY	12804-3933

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

Name of Employer	Occupation
GARVEY AUTO	SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11.619

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SAM GEDULDIG

Mailing Address 1001 PENNSYLVANIA AVE NW STE 750 S

City	State	Zip Code
WASHINGTON	DC	20004-2551

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

Name of Employer	Occupation
CLARK LYTTLE GEDULDIG CRANFORD	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
 03 / 07 / 2014

Transaction ID : SA11.650

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CRAIG J GOLDBERG

Mailing Address 1040 PARK AVENUE

City State Zip Code
NYC NY 10028-1032

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

Name of Employer Occupation
SYNTERRA CAPITAL MGMT PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11.392

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 557 PEARL STREET

City State Zip Code
WATERTOWN NY 13601-2108

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

Name of Employer Occupation
SELF PEARL STREET PUB

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11.539

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. HAANEN

Mailing Address 33 OAKWOOD DRIVE

City State Zip Code
QUEENSBURY NY 12804-1327

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11.574

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 124
	<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)
Elise for Congress

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

Mailing Address **2246 CATHEDRAL AVENUE NW**

City **WASHINGTON** State **DC** Zip Code **20008-1504**

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 15 / 2014

Transaction ID : SA11.600

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 20**

City **OLMSTEDVILLE** State **NY** Zip Code **12857-0020**

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
01 / 22 / 2014

Transaction ID : SA11.544

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN HIRSCHMANN

Mailing Address **4052 SEMINARY ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22304-1646**

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

Name of Employer **WILLIAMS AND JENSEN** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.836

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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 21 OF 124
	<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)
Elise for Congress

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

Mailing Address 18 HIGHLAND PLACE

City LAKE PLACID State NY Zip Code 12946-1441

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.781

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 15 CLAREMONT AVE #63

City NEW YORK State NY Zip Code 10027-6809

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

Name of Employer COLUMBIA UNIVERSITY Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.646

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 114 HUDSON POINTE BLVD

City QUEENSBURY State NY Zip Code 12804-6415

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

Name of Employer NONE 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
 02 / 09 / 2014

Transaction ID : SA11.584

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 124
	<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)
Elise for Congress

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

Mailing Address 114 HUDSON POINTE BLVD

City State Zip Code
QUEENSBURY NY 12804-6415

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

Name of Employer Occupation
NONE 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
03 / 16 / 2014

Transaction ID : SA11.725

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 114 HUDSON POINTE BLVD

City State Zip Code
QUEENSBURY NY 12804-6415

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

Name of Employer Occupation
NONE 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
03 / 31 / 2014

Transaction ID : SA11.835

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT A. JONES

Mailing Address 3928 NY 2

City State Zip Code
TROY NY 12180-9022

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.668

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 124
	<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)
Elise for Congress

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

Mailing Address 1474 ALEXANDER VALLEY ROAD

City HEALDSBURG State CA Zip Code 95448-9003

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

Name of Employer JORDAN WINERY Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.889

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TALIA KADEN

Mailing Address 1233 YORK AVENUE

City NEW YORK State NY Zip Code 10065-6306

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

Name of Employer MEMORIAL SLOAN KETTERING CANCER CE Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.596

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROGER KARR

Mailing Address 604 EAST CAPITOL ST NE

City WASHINGTON State DC Zip Code 20003-1233

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

Name of Employer ALLIANCE OF AUTOMOBILE MANUFACTURE Occupation VP, FEDERAL AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11.792

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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 24 OF 124
	<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)
Elise for Congress

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

Mailing Address 1445 OGDEN ST NW APT. 318

City WASHINGTON State DC Zip Code 20010-1957

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.631

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ADAM KATZ

Mailing Address 21 ANDOVER RD.

City OLD WESTBURY State NY Zip Code 11568-1001

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

Name of Employer Occupation
UNEMPLOYED STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1022

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ADAM KATZ

Mailing Address 21 ANDOVER RD.

City OLD WESTBURY State NY Zip Code 11568-1001

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

Name of Employer Occupation
UNEMPLOYED STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1022B

Amount of Each Receipt this Period
-100.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

350.00

**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 25 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) ADAM KATZ		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 21 ANDOVER RD.		Transaction ID : SA11.1032
City OLD WESTBURY	State NY	Zip Code 11568-1001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer UNEMPLOYED	Occupation STUDENT	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) ADAM KATZ		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 21 ANDOVER RD.		Transaction ID : SA11.1023
City OLD WESTBURY	State NY	Zip Code 11568-1001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer UNEMPLOYED	Occupation STUDENT	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00	

Full Name (Last, First, Middle Initial) ADAM KATZ		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 21 ANDOVER RD.		Transaction ID : SA11.1023B
City OLD WESTBURY	State NY	Zip Code 11568-1001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -100.00	
Name of Employer UNEMPLOYED	Occupation STUDENT	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00	[MEMO ITEM] REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	100.00
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 26 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ADAM KATZ

Mailing Address 21 ANDOVER RD.

City State Zip Code
OLD WESTBURY NY 11568-1001

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

Name of Employer Occupation
UNEMPLOYED STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1031

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
CURTIS KATZ

Mailing Address 29 BARSTOW RD

City State Zip Code
GREAT NECK NY 11021-2222

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11.716

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CURTIS KATZ

Mailing Address 29 BARSTOW RD

City State Zip Code
GREAT NECK NY 11021-2222

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.716B

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CURTIS KATZ

Mailing Address **29 BARSTOW RD**

City **GREAT NECK** State **NY** Zip Code **11021-2222**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.827

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
RACHELLE KATZ

Mailing Address **21 ANDOVER RD.**

City **OLD WESTBURY** State **NY** Zip Code **11568-1001**

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

Name of Employer **BRONSTEIN PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.865

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD C. KAUFMAN

Mailing Address **250 BEACON ST UNIT 2**

City **BOSTON** State **MA** Zip Code **02116-1203**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.628

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2850.00
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 28 OF 124
	<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)
Elise for Congress

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

Mailing Address **80 PINE STREET**

City **NEW YORK** State **NY** Zip Code **10005-1702**

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

Name of Employer **CAHILL GORDON AND REINDEL LLP** 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
03 / 05 / 2014

Transaction ID : SA11.647

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SARAH LAFLEUR

Mailing Address **43 GREENWICH AVE. APT. 4**

City **NEW YORK** State **NY** Zip Code **10014-2752**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.801

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KENNETH LEE

Mailing Address **6631 KENTWOOD BLUFFS DRIVE**

City **LOS ANGELES** State **CA** Zip Code **90045-1260**

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

Name of Employer **JENNER & BLOCK** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.786

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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 29 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
KATHRYN LEHMAN

Mailing Address 3106 RUSSELL ROAD

City ALEXANDRIA State VA Zip Code 22305-1720

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

Name of Employer HOLLAND & KNIGHT 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
 03 / 31 / 2014

Transaction ID : SA11.886

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS LEHRMAN

Mailing Address 1040 5TH AVENUE

City NEW YORK State NY Zip Code 10028-0137

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

Name of Employer MASTER STREET, INC. Occupation ENTREPRENEUR / INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.763

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MATT A. MANDA

Mailing Address 1522 ST. ANDREWS DR.

City LAWRENCE State KS Zip Code 66047-1618

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

Name of Employer U.S. CONGRESS Occupation COMMUNICATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2640.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11.640

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 30 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MATT A. MANDA

Mailing Address 1522 ST. ANDREWS DR.

City LAWRENCE State KS Zip Code 66047-1618

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

Name of Employer U.S. CONGRESS Occupation COMMUNICATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2640.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.640B

Amount of Each Receipt this Period
-40.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MATT A. MANDA

Mailing Address 1522 ST. ANDREWS DR.

City LAWRENCE State KS Zip Code 66047-1618

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

Name of Employer U.S. CONGRESS Occupation COMMUNICATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2640.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.825

Amount of Each Receipt this Period
40.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
ROMAN MARTINEZ

Mailing Address 2230 CALIFORNIA STREET, NW, APT. 3

City WASHINGTON State DC Zip Code 20008-3948

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

Name of Employer LATHAM & WATKINS LLP Occupation ATTORNEY

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
02 / 26 / 2014

Transaction ID : SA11.627

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

250.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ANITA B. MCBRIDE

Mailing Address 5016 UPTON ST NW

City State Zip Code
WASHINGTON DC 20016-1952

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

Name of Employer Occupation
AMERICAN UNIVERSITY EXECUTIVE-IN-RESIDENCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.830

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN J. MCBRIDE

Mailing Address 14 VISTA DRIVE

City State Zip Code
PLATTSBURGH NY 12901-7708

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.888

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND J. MCGRATH

Mailing Address 1714 ESQUIRE LN

City State Zip Code
MCLEAN VA 22101-4754

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.626

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

3100.00

**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 124
	<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)
Elise for Congress

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

Mailing Address 8423 SULKY CT

City ALEXANDRIA State VA Zip Code 22308-2254

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

Name of Employer GRAMM PARTNERS Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.800

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MEGAN MCNAMARA

Mailing Address 19 EAST COBBLE HILL ROAD

City LOUDONVILLE State NY Zip Code 12211-1312

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

Name of Employer N/A Occupation UNEMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11.387

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAREN B. MOREAU

Mailing Address 57 DRYDEN LANE

City FEURA BUSH State NY Zip Code 12067-2011

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11.610

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

1750.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
SARAH MORGAN

Mailing Address 6216 CLEARWOOD ROAD

City State Zip Code
BETHESDA MD 20817-5633

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

Name of Employer Occupation
INDEPENDENT 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
01 / 01 / 2014

Transaction ID : SA11.382

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL L. MOSKOWITZ

Mailing Address 45 E 25Th Street Apt. 21

City State Zip Code
New York NY 10010-

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

Name of Employer Occupation
WELTMAN & MOSKOWITZ LLP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11.604

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 10 MARION PLACE

City State Zip Code
MILLWOOD NY 10546-1135

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

Name of Employer Occupation
FITZPATRICK CELLA HARPER & SCINTO ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.805

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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: PAGE 34 OF 124
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MR. FREDERICK G. NATALE
 Mailing Address 341 COUNTY RT. 28
 City State Zip Code
 GRANVILLE NY 12832-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NBT BANK PORTFOLIO MANGER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 10 2014
Transaction ID : SA11.587
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
A MARK NEUMAN
 Mailing Address 2507 CHERRY HILLS DRIVE
 City State Zip Code
 CHAMPAIGN IL 61822-7509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF CONSULTANT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 25 2014
Transaction ID : SA11.556
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASHLEY OCONNOR
 Mailing Address 231 PROVIDENCE ROAD
 City State Zip Code
 ANNAPOLIS MD 21409-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STRATEGIC PARTNERS & MEDIA MEDIA CONSULTANT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 31 2014
Transaction ID : SA11.857
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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 35 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CARL P. PALADINO

Mailing Address **ELLCOTT SQUARE SUITE 210**

City **BUFFALO** State **NY** Zip Code **14203-**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.916

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRIS PAPAGIANIS

Mailing Address **1234 WALNUT HILL FARM**

City **CHESTERFIELD** State **MO** Zip Code **63005-4524**

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

Name of Employer **SELF EMPLOYED** Occupation **SMALL BUSINESS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11.593

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **1437 RHODE ISLAND AVENUE, NW**

City **WASHINGTON** State **DC** Zip Code **20005-5454**

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

Name of Employer **AMERICA RISING LLC** Occupation **COMMUNICATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.845

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

5450.00

**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 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. DR. WILLIAM REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 32 OAKWOOD DRIVE		Transaction ID : SA11.598	
City QUEENSBURY	State NY	Zip Code 12804-1328	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer ADIRONDACK RADIOLOGY	Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. DR. WILLIAM REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 32 OAKWOOD DRIVE		Transaction ID : SA11.816	
City QUEENSBURY	State NY	Zip Code 12804-1328	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer ADIRONDACK RADIOLOGY	Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. MATTHEW RHOADES		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 1260 21ST ST NW		Transaction ID : SA11.796	
City WASHINGTON	State DC	Zip Code 20036-2300	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation PUBLIC AFFAIRS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 37 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
GRACEY S. ROSKAM

Mailing Address **141 SHELLEY LANE**

City **WHEATON** State **IL** Zip Code **60189-7423**

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

Name of Employer **NRCC** Occupation **STAFF**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.616

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CATHERINE A. ROSS

Mailing Address **CMR 450 BOX 714**

City **APO** State **AE** Zip Code **09705-0008**

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

Name of Employer **NONE** Occupation **STUDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1024

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

Mailing Address **CMR 450 BOX 714**

City **APO** State **AE** Zip Code **09705-0008**

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

Name of Employer **NONE** Occupation **STUDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1025

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CATHERINE A. ROSS

Mailing Address **CMR 450 BOX 714**

City **APO** State **AE** Zip Code **09705-0008**

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

Name of Employer **NONE** Occupation **STUDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1026

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CATHERINE A. ROSS

Mailing Address **CMR 450 BOX 714**

City **APO** State **AE** Zip Code **09705-0008**

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

Name of Employer **NONE** Occupation **STUDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1027

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

Mailing Address **CMR 450 BOX 713**

City **APO** State **ZZ** Zip Code **09705-**

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

Name of Employer **DEPT OF ARMY/NAF-MWR** Occupation **LIBRARY TECH**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1028

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LISA M. ROSS

Mailing Address **CMR 450 BOX 713**

City **APO** State **ZZ** Zip Code **09705-**

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

Name of Employer **DEPT OF ARMY/NAF-MWR** Occupation **LIBRARY TECH**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1029

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LISA M. ROSS

Mailing Address **CMR 450 BOX 713**

City **APO** State **ZZ** Zip Code **09705-**

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

Name of Employer **DEPT OF ARMY/NAF-MWR** Occupation **LIBRARY TECH**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1030

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DUNCAN SAHNER

Mailing Address **78 DURAND ROAD**

City **MAPLEWOOD** State **NJ** Zip Code **07040-2104**

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

Name of Employer **ABDIEL CAPITAL** Occupation **ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.799

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 124
	<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)
Elise for Congress

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

Mailing Address 109 WESTLAKE DRIVE

City VALHALLA State NY Zip Code 10595-1235

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

Name of Employer SELF Occupation MFG. SALES REPRESENTATIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11.399

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address 109 WESTLAKE DRIVE

City VALHALLA State NY Zip Code 10595-1235

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

Name of Employer SELF Occupation MFG. SALES REPRESENTATIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.842

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LUDMILLA SAVELIEFF

Mailing Address 2829 CONECTICUT AVE NW APT. 409

City WASHINGTON State DC Zip Code 20008-1542

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

Name of Employer ASSOCIATE Occupation PATTON BOGGS LLP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11.538

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LUDMILLA SAVELIEFF

Mailing Address **2829 CONECTICUT AVE NW APT. 409**

City **WASHINGTON** State **DC** Zip Code **20008-1542**

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

Name of Employer **ASSOCIATE** Occupation **PATTON BOGGS LLP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.624

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

Mailing Address **728 LAKE AVE**

City **GREENWICH** State **CT** Zip Code **06830-3363**

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

Name of Employer **LUMIUS CAPITAL** Occupation **MANAGING DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.917

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **1707 SUMMIT AVE**

City **MINNEAPOLIS** State **MN** Zip Code **55403-2849**

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

Name of Employer **SELF-EMPLOYED** Occupation **PRIVATE EQUITY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : SA11.597

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1150.00

**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 124
	<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)
Elise for Congress

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

Mailing Address 1707 SUMMIT AVE

City State Zip Code
MINNEAPOLIS MN 55403-2849

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

Name of Employer Occupation
SELF-EMPLOYED PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.726

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANK SICA

Mailing Address 3 WESTWAY

City State Zip Code
BRONXVILLE NY 10708-4310

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11.586

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JANICE G. SMEALLIE

Mailing Address 1310 BISHOP LANE

City State Zip Code
ALEXANDRIA VA 22302-3401

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.630

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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 43 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FREDA P. SOLOMON

Mailing Address **23 NORTH ROAD**

City **QUEENSBURY** State **NY** Zip Code **12804-2034**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFC Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11.575

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREDA P. SOLOMON

Mailing Address **23 NORTH ROAD**

City **QUEENSBURY** State **NY** Zip Code **12804-2034**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFC Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.734

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **2900 S VALLEYVIEW BLVD. NO. 297**

City **LAS VEGAS** State **NV** Zip Code **89102-5951**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.878

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

2900.00

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

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

FOR LINE NUMBER: PAGE 44 OF 124
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ROY M. STEFANIK

Mailing Address 5675 STONE ROAD #320

City State Zip Code
CENTREVILLE VA 20120-1667

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

Name of Employer Occupation
FAIRFAX MENTAL HEALTH PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11.403

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROY M. STEFANIK

Mailing Address 5675 STONE ROAD #320

City State Zip Code
CENTREVILLE VA 20120-1667

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

Name of Employer Occupation
FAIRFAX MENTAL HEALTH PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.633

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROY M. STEFANIK

Mailing Address 5675 STONE ROAD #320

City State Zip Code
CENTREVILLE VA 20120-1667

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

Name of Employer Occupation
FAIRFAX MENTAL HEALTH PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.652

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 45 OF 124
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 184 BAY HILL ROAD

City NORTHFIELD State NH Zip Code 03276-4620

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

Name of Employer STRATEGIC PARTNERS AND MEDIA Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.866

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JUSTIN EUGENE STOKES

Mailing Address 1593 LUCKNOW RD

City CAMDEN State SC Zip Code 29020-8347

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.724

Amount of Each Receipt this Period
250.00

CONTRIBUTION

REFUNDED \$250.00 ON 03/15/2014

C. Full Name (Last, First, Middle Initial)
WILLIAM STRONG

Mailing Address 1730 NORTH CLARK STREET

City CHICAGO State IL Zip Code 60614-5883

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

Name of Employer MORGAN STANLEY Occupation INVESTMENT BANKER

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
 02 / 07 / 2014

Transaction ID : SA11.576

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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 46 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
EDWARD P. SWYER

Mailing Address 10 EXECUTIVE PARK DRIVE

City ALBANY State NY Zip Code 12203-3716

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

Name of Employer THE SWYER COMPANY Occupation OWNER/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.890

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID F. TAYLOR

Mailing Address 708 WEST BRADDOCK RD

City ALEXANDRIA State VA Zip Code 22302-3601

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.629

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM TEATOR

Mailing Address 3 AURORA AVE

City SARATOGA SPRINGS State NY Zip Code 12866-9706

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

Name of Employer CAPITAL ADVOCATES, LLC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11.545

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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: (check only one)	PAGE 47 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NINA VASAN

Mailing Address **21677 RAINBOW DRIVE**

City **CUPERTINO** State **CA** Zip Code **95014-4826**

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

Name of Employer **STANFORD UNIVERSITY HOSPITAL** Occupation **RESIDENT 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
01 / 24 / 2014

Transaction ID : SA11.555

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILIP J. VECCHIO

Mailing Address **24 HUNTSWOOD LN**

City **EAST GREENBUSH** State **NY** Zip Code **12061-2000**

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

Name of Employer **PHILIP J. VECCHIO, P.C.** Occupation **ATTORNEY/CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11.608

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAROLINE VIK

Mailing Address **10 ASHTON DRIVE**

City **GREENWICH** State **CT** Zip Code **06831-3762**

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

Name of Employer **UNITED STATES SENATE** Occupation **ANALYST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.388

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
STEVEN P. WARNE

Mailing Address **BOX 635**

City **WARRENSBURG** State **NY** Zip Code **12885-0635**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.680

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **7701 RIDGECREST DR**

City **ALEXANDRIA** State **VA** Zip Code **22308-1052**

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

Name of Employer **MERCURY** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11.767

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN R. WINN

Mailing Address **13 NORTH ST**

City **GRANVILLE** State **NY** Zip Code **12832-1106**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11.603

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1500.00

**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 49 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CANDIDA PEROTTI WOLFF

Mailing Address 2105 VIRGINIA AVE

City MCLEAN State VA Zip Code 22101-4942

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.634

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAY ZEIDMAN

Mailing Address 99 N POST OAK LANE #7102

City HOUSTON State TX Zip Code 77024-7743

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

Name of Employer PULMONARY RX Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.831

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAURENCE ZURIFF

Mailing Address 1172 PARK AVENUE

City NEW YORK State NY Zip Code 10128-1213

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

Name of Employer ZFI CAPITAL Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11.791

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	94375.00

**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 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) FRIENDS OF MIKE H		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 610 SOUTH BLVD		Transaction ID : SA11.757	
City TAMPA State FL Zip Code 33606-2693	Amount of Each Receipt this Period 2000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C C00492231	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) FRIENDS OF MIKE H		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 610 SOUTH BLVD		Transaction ID : SA11.758	
City TAMPA State FL Zip Code 33606-2693	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C C00492231	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) FRIENDS OF MIKE H		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 610 SOUTH BLVD		Transaction ID : SA11.758B	
City TAMPA State FL Zip Code 33606-2693	Amount of Each Receipt this Period -500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C C00492231	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 51 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FRIENDS OF MIKE H

Mailing Address **610 SOUTH BLVD**

City **TAMPA** State **FL** Zip Code **33606-2693**

FEC ID number of contributing federal political committee. **C C00492231**

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
03 / 21 / 2014

Transaction ID : SA11.761

Amount of Each Receipt this Period
500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address **320 KENARDEN DR**

City **HIGHLAND HEIGHTS** State **OH** Zip Code **44143-3710**

FEC ID number of contributing federal political committee. **C C00284174**

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
02 / 26 / 2014

Transaction ID : SA11.635

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROMNEY FOR PRESIDENT

Mailing Address **138 CONANT ST
1ST FLOOR**

City **BEVERLY** State **MA** Zip Code **01915-1666**

FEC ID number of contributing federal political committee. **C C00431171**

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
03 / 31 / 2014

Transaction ID : SA11.892

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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: (check only one)	PAGE 52 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ROTHFUS FOR CONGRESS INC

Mailing Address **PO BOX 435**

City **SEWICKLEY** State **PA** Zip Code **15143-0435**

FEC ID number of contributing federal political committee. **C C00497115**

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
03 / 31 / 2014

Transaction ID : SA11.922

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **125 HIGH ROCK AVE STE 207A**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866-2307**

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

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
02 / 19 / 2014

Transaction ID : SA11.607

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AX PAC

Mailing Address **PO BOX 538**

City **WAUSAU** State **WI** Zip Code **54402-0538**

FEC ID number of contributing federal political committee. **C C00506535**

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
03 / 31 / 2014

Transaction ID : SA11.893

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1500.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CITIGROUP INC PAC

Mailing Address 1101 PENNSYLVANIA AVE NW STE 1000

City WASHINGTON State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.924

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

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
 03 / 31 / 2014

Transaction ID : SA11.896

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address PO BOX 98629

City RALEIGH State NC Zip Code 27624-8629

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 M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.925

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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: PAGE 54 OF 124
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address **PO BOX 75000**

City **DETROIT** State **MI** Zip Code **48275-0001**

FEC ID number of contributing federal political committee. **C C00046474**

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
03 / 31 / 2014

Transaction ID : SA11.891

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address **PO BOX 18254**

City **WASHINGTON** State **DC** Zip Code **20036-8254**

FEC ID number of contributing federal political committee. **C C00280222**

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
03 / 31 / 2014

Transaction ID : SA11.895

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PRICEWATERHOUSECOOPERS PAC

Mailing Address **1301 K STREET NY SUITE 800 WEST**

City **WASHINGTON** State **DC** Zip Code **20005-3317**

FEC ID number of contributing federal political committee. **C C00107235**

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
03 / 11 / 2014

Transaction ID : SA11.719

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

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

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

8500.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC

Mailing Address 1006 PENDLETON ST

City State Zip Code
ALEXANDRIA VA 22314-1837

FEC ID number of contributing federal political committee. **C C00377689**

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
03 / 31 / 2014

Transaction ID : SA11.876

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RIGHT NOW WOMEN PAC

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824-0844

FEC ID number of contributing federal political committee. **C C00551366**

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
03 / 25 / 2014

Transaction ID : SA11.784

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TEAM REPUBLICANS UTILIZING SENSIBLE TACTICS (TRUST PAC)

Mailing Address 228 S WASHINGTON ST SUITE 115 BS

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00330720**

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
03 / 11 / 2014

Transaction ID : SA11.718

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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 56 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

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
 03 / 07 / 2014

Transaction ID : SA11.656

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN PAC

Mailing Address 701 8TH ST NW STE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00327189

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
 03 / 31 / 2014

Transaction ID : SA11.877

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILD AND WONDERFUL PAC

Mailing Address PO BOX 651374

City POTOMAC FALLS State VA Zip Code 20165-1374

FEC ID number of contributing federal political committee. **C** C00489336

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
 03 / 31 / 2014

Transaction ID : SA11.894

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

11000.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
WOMEN UNDER FORTY PAC

Mailing Address 811 4TH ST UNIT 1208

City WASHINGTON State DC Zip Code 20001-4927

FEC ID number of contributing federal political committee. **C** C00345942

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 Y
 03 / 31 / 2014

Transaction ID : SA11.923

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

40500.00

**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 58 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ELISE M STEFANIK

Mailing Address 134 LAKE SHORE DR

City WILLSBORO State NY Zip Code 12996

FEC ID number of contributing federal political committee. **C H4NY21079**

Name of Employer PREMIUM PLYWOOD Occupation NORTHERN NY SALES/MARKETING/MANAG

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
39427.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11D.86

Amount of Each Receipt this Period
9754.84

IN-KIND CONTRIBUTIONS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

9754.84

9754.84

**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 59 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
WINNING WOMEN

Mailing Address 228 S. WASHINGTON STREET STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00558361

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 110917.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.926

Amount of Each Receipt this Period
 90646.02

TRANSFER OF NET JFC PROCEEDS

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
KENNETH S. ABRAMOWITZ

Mailing Address P.O. BOX 950

City SOUTHPORT State CT Zip Code 06890-0950

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

Name of Employer Occupation
 NGN CAPTIAL ANALYST

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
 03 / 31 / 2014

Transaction ID : SA12.956

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BRADLEY D. ASNESS

Mailing Address 22 DEWART RD.

City GREENWICH State CT Zip Code 06830-3417

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

Name of Employer Occupation
 AQR CAPITAL MANAGEMENT ATTORNEY

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
 03 / 31 / 2014

Transaction ID : SA12.984

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

90646.02

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CAROL ASNESS

Mailing Address 22 DEWART RD.

City GREENWICH State CT Zip Code 06830-3417

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.985

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CLIFF ASNESS

Mailing Address 750 THIRD AVE.
11TH FL.

City NEW YORK State NY Zip Code 10017-2703

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

Name of Employer AQR CAPITAL MANAGEMENT Occupation ATTORNEY

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
 03 / 31 / 2014

Transaction ID : SA12.960

Amount of Each Receipt this Period
 _____ 1300.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LAUREL ASNESS

Mailing Address 750 THIRD AVE.
11TH FL.

City NEW YORK State NY Zip Code 10017-2703

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.961

Amount of Each Receipt this Period
 _____ 1300.00

CONTRIBUTION

[MEMO ITEM]

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

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

_____ 0.00

**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 61 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
AKBAR AYAZ

Mailing Address 30 GENERAL WATERBURY LN

City State Zip Code
STAMFORD CT 06902-1302

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

Name of Employer Occupation
ELLIOTT MANAGEMENT MANAGER

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
 03 / 27 / 2014

Transaction ID : SA12.953

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 551 5TH AVE.

City State Zip Code
NEW YORK NY 10176-0001

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

Name of Employer Occupation
KLEINBERG, KAPLAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
96.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.934

Amount of Each Receipt this Period
96.66

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JEFFREY BORTNICK

Mailing Address 551 5TH AVE.

City State Zip Code
NEW YORK NY 10176-0001

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

Name of Employer Occupation
KLEINBERG, KAPLAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
216.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.941

Amount of Each Receipt this Period
216.67

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
PAMELA BREWSTER

Mailing Address 1095 NATOMA ST.
#6

City State Zip Code
SAN FRANCISCO CA 94103-2553

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

Name of Employer Occupation
CHARLES SCHWAB CORP 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
03 / 31 / 2014

Transaction ID : SA12.990

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CHRISTINA DELLA CAMERA

Mailing Address 101 WASHINGTON BLVD
#917

City State Zip Code
STAMFORD CT 06902-6844

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

Name of Employer Occupation
ISERVE RESIDENTIAL LENDING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
166.67

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA12.939

Amount of Each Receipt this Period
166.67

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 3 TRAILS END

City State Zip Code
CHAPPAQUA NY 10514-1617

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

Name of Employer Occupation
ELLIOTT MANAGEMENT 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
03 / 27 / 2014

Transaction ID : SA12.976

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JESSE A. COHN

Mailing Address 101 WARREN

City State Zip Code
NEW YORK NY 10007-1366

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

Name of Employer Occupation
ELLIOTT MANAGEMENT FINANCE

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
 03 / 31 / 2014

Transaction ID : SA12.987

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PHILIP H. GEIER JR.

Mailing Address 70 E. 55TH ST.
15TH FL.

City State Zip Code
NEW YORK NY 10022-3222

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

Name of Employer Occupation
SELF INFORMATION REQUESTED PER BEST EFF

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
 03 / 31 / 2014

Transaction ID : SA12.989

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HARVEY GOLUB

Mailing Address 3399 PGA BLVD
STE. 360

City State Zip Code
PALM BEACH GARDENS FL 33410-2819

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3333.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12.975

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 64 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
KYLE S. HAUPTMAN

Mailing Address 1301 U ST., NW
#330

City WASHINGTON State DC Zip Code 20009-7542

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.936

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SUSAN HERTO G

Mailing Address 1040 5TH AVE.

City NEW YORK State NY Zip Code 10028-0137

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

Name of Employer SELF Occupation WRITER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.962

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KATHRYN HUBBARD

Mailing Address 5600 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1446

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

Name of Employer E&A INDUSTRIES Occupation SALES/MARKETING

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
 03 / 27 / 2014

Transaction ID : SA12.928

Amount of Each Receipt this Period
0.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MAX KARPEL

Mailing Address 531 FIFTH AVE.

City NEW YORK State NY Zip Code 10017-3604

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

Name of Employer KLEINBERG, KAPLAN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 130.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.937

Amount of Each Receipt this Period
 _____ 130.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TERRY KASSEL

Mailing Address 44 W. 77TH ST.
APT. 12E

City NEW YORK State NY Zip Code 10024-5150

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

Name of Employer ELLIOTT MANAGEMENT Occupation STRATEGIC HR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA12.978

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JULIA P. 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 N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.963

Amount of Each Receipt this Period
 _____ 1500.00

CONTRIBUTION

[MEMO ITEM]

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

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

_____ 0.00

**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 66 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
GREGORY D. KRAMER

Mailing Address 30 BARSTOW RD.
APT. 3B

City State Zip Code
GREAT NECK NY 11021-2216

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

Name of Employer Occupation
KLEINBERG, KAPLAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
66.67

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.931

Amount of Each Receipt this Period
66.67

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 537 FIFTH AVE.

City State Zip Code
NEW YORK NY 10017-3604

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

Name of Employer Occupation
KLEINBERG, KAPLAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
866.67

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA12.949

Amount of Each Receipt this Period
866.67

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SYLVIE M. LEGERE

Mailing Address 510 LAUREL AVE.

City State Zip Code
WILMETTE IL 60091-2812

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

Name of Employer Occupation
SELF 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
03 / 31 / 2014

Transaction ID : SA12.948

Amount of Each Receipt this Period
783.34

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 67 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) SYLVIE M. LEGERE		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 510 LAUREL AVE.		Transaction ID : SA12.965
City WILMETTE	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1816.66
Name of Employer SELF	Occupation INVESTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] IN KIND- CATERING

Full Name (Last, First, Middle Initial) MARK LEVINE		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 31 TREGUNTER RD.		Transaction ID : SA12.950
City LONDON	State ZZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 866.67
Name of Employer ELLIOTT ADVISORS	Occupation INVESTMENT MANAGER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 866.67	[MEMO ITEM] VERIFIED U.S. CITIZEN

Full Name (Last, First, Middle Initial) BONNIE J. LOEB		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2014
Mailing Address 315 EAST 68TH ST. APT. 10A		Transaction ID : SA12.968
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	[MEMO ITEM]

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 68 OF 124
	<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)
Elise for Congress

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

Mailing Address 11 OVERBROOK LANE

City State Zip Code
DARIEN CT 06820-2819

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

Name of Employer Occupation
ELLIOTT MANAGEMENT TRADER

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
 03 / 31 / 2014

Transaction ID : SA12.957

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ADELE MALPASS

Mailing Address 275 CENTRAL PARK WEST
9B

City State Zip Code
NEW YORK NY 10024-3015

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

Name of Employer Occupation
ENCIMA GLOBAL 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 Y Y
 03 / 31 / 2014

Transaction ID : SA12.988

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LINDA E. MCMAHON

Mailing Address 14 HURLINGHAM DR.

City State Zip Code
GREENWICH CT 06831-2739

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

Name of Employer Occupation
SELF EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.954

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) VINCENT K. MCMAHON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 14 HURLINGHAM DR.		Transaction ID : SA12.982	
City GREENWICH	State CT	Zip Code 06831-2739	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer WWE	Occupation EXECUTIVE		[MEMO ITEM]
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) ANGELA D. MEYERS		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 310 N. FAYETTE ST.		Transaction ID : SA12.964	
City ALEXANDRIA	State VA	Zip Code 22314-2435	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer PAUL SINGER FAMILY OFFICE	Occupation DEPUTY		[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) JAY H. NEWMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 40 W. 57TH ST.		Transaction ID : SA12.986	
City NEW YORK	State NY	Zip Code 10019-4001	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer ELLIOTT MANAGEMENT	Occupation MONEY MANAGER		[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

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

**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 70 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
RODNEY W. NICHOLS

Mailing Address 1115 E. 85TH ST.
APT. 92

City State Zip Code
NEW YORK NY 10028-

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

Name of Employer Occupation
SELF SCIENTIST/CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA12.951

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GEORGIA M. PALMIERI

Mailing Address 16 RIDGEWOOD AVE.

City State Zip Code
KEENE NH 03431-2804

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

Name of Employer Occupation
BIBLE LITERACY PROJECT LLC EXECUTIVE ASST.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
66.66

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.930

Amount of Each Receipt this Period
66.66

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 88 CENTRAL PARK
APT. 115

City State Zip Code
NEW YORK NY 10023-5299

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

Name of Employer Occupation
ELLIOTT MANAGEMENT PORTFOLIO 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
03 / 27 / 2014

Transaction ID : SA12.973

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 71 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JONATHAN DAVID POLLOCK

Mailing Address 111 W. 67TH ST.

City State Zip Code
NEW YORK NY 10023-5956

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

Name of Employer Occupation
ELLIOTT MANAGEMENT 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
 03 / 24 / 2014

Transaction ID : SA12.969

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TEA NADEZDA Z. POLLOCK

Mailing Address 111 W. 67TH ST.

City State Zip Code
NEW YORK NY 10023-5956

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA12.970

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 190 NE 5TH AVE.

City State Zip Code
BOCA RATON FL 33432-4055

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12.974

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
KELLI QUESTROM

Mailing Address **16A TURTLE CREEK BEND**

City **DALLAS** State **TX** Zip Code **75204-7845**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA12.971

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CECELIA H. RICKETTS

Mailing Address **531 LAUREL AVE.**

City **WILMETTE** State **IL** Zip Code **60091-2811**

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

Name of Employer **VILLAGE DERMATOLOGY** Occupation **DERMATOLOGISTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA12.979

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARLENE M. RICKETTS

Mailing Address **412 NORTH ELMWOOD RD.**

City **OMAHA** State **NE** Zip Code **68132-2603**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.966

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
TODD M. RICKETTS

Mailing Address 510 LAUREL AVE.

City State Zip Code
WILMETTE IL 60091-2812

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

Name of Employer Occupation
SELF 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 Y Y
 03 / 31 / 2014

Transaction ID : SA12.983

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 282 HARTSHORN DR.

City State Zip Code
SHORT HILLS NJ 07078-1915

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

Name of Employer Occupation
ELLIOTT MANAGEMENT PORTFOLIO 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
 03 / 31 / 2014

Transaction ID : SA12.995

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 16 SAMANTHA DR.

City State Zip Code
MONROE TOWNSHIP NJ 08831-4048

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

Name of Employer Occupation
ELLIOTT MANAGEMENT TRADER

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
 03 / 31 / 2014

Transaction ID : SA12.991

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MARC ROSEN

Mailing Address **7 SASSINORO BLVD**

City **CORTLANDT MANOR** State **NY** Zip Code **10567-5152**

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

Name of Employer **KLEINBERG, KAPLAN** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
86.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.933

Amount of Each Receipt this Period
86.67

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LEIGH ANN RYAN

Mailing Address **141 PARSONAGE RD.**

City **GREENWICH** State **CT** Zip Code **06830-3937**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.994

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CHARLES N. SCHORIN

Mailing Address **90 RIVERSIDE DR.
APT. 12G**

City **NEW YORK** State **NY** Zip Code **10024-5306**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **PORTFOLIO 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
03 / 31 / 2014

Transaction ID : SA12.980

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 75 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) STEPHEN SCHULTZ		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 68 FARM RD.		Transaction ID : SA12.942
City BRIARCLIFF MANOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 236.67
Name of Employer KLEINBERG, KAPLAN	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 236.67	[MEMO ITEM]

Full Name (Last, First, Middle Initial) CHARLES R. SCHWAB		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 192861		Transaction ID : SA12.967
City SAN FRANCISCO	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer CHARLES SCHWAB CORP	Occupation CHAIRMAN/FOUNDER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) SHAHLA SEABORN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 13791 GRINDSTONE CT.		Transaction ID : SA12.935
City MOORPARK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SEABORN STRATEGIES	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	[MEMO ITEM]

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 76 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FRANK JAMES SENSENBRENNER III

Mailing Address 609 FORT WILLIAMS PKWY

City State Zip Code
ALEXANDRIA VA 22304-1813

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DELOITTE CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.929

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JEFF SILVERMAN

Mailing Address 132 E. DELAWARE PL.
APT. 6602

City State Zip Code
CHICAGO IL 60611-1445

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.959

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARY KAY TOUHY SILVERMAN

Mailing Address 132 E. DELAWARE PL.
APT. 6602

City State Zip Code
CHICAGO IL 60611-1445

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.958

Amount of Each Receipt this Period

CONTRIBUTION

[MEMO ITEM]

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 77 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MICHAEL SIMOFF		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address P.O. BOX 951		Transaction ID : SA12.977
City NEW VERNON	State NJ	
Zip Code 07976-0951		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ELLIOTT MANAGEMENT	Occupation PORTFOLIO MANAGER	[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. GORDON M. SINGER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7 LANGFORD PLACE		Transaction ID : SA12.981
City LONDON	State ZZ	
Zip Code NW80L-		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ELLIOTT ADVISORS	Occupation DIRECTOR	[MEMO ITEM] VERIFIED U.S. CITIZEN
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. JENNIFER SINGER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7 LANGFORD PLACE		Transaction ID : SA12.993
City LONDON	State ZZ	
Zip Code NW80L-		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer N/A	Occupation HOMEMAKER	[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

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 78 OF 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) LARRY SINGER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address P.O. BOX 5699		Transaction ID : SA12.947	
City SNOWMASS VILLAGE	State CO	Zip Code 81615-5699	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation DENTIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
		CONTRIBUTION [MEMO ITEM]	

Full Name (Last, First, Middle Initial) PAUL SINGER		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 1 WEST 81ST ST.		Transaction ID : SA12.972	
City NEW YORK	State NY	Zip Code 10024-6048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer ELLIOTT MANAGEMENT	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	
		CONTRIBUTION [MEMO ITEM]	

Full Name (Last, First, Middle Initial) MARTIN SKLAR		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 127 EUCLID AVE.		Transaction ID : SA12.940	
City NEW YORK	State NY	Zip Code 10502-2502	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 216.66	
Name of Employer KLEINBERG, KAPLAN	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 216.66	
		CONTRIBUTION [MEMO ITEM]	

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

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM D. SMITHBURG

Mailing Address **676 N. MICHIGAN AVE.**
SUITE 3860

City **CHICAGO** State **IL** Zip Code **60611-2883**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.992

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address **736 N. COLUMBUS ST.**

City **ALEXANDRIA** State **VA** Zip Code **22314-1851**

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

Name of Employer **THE LS GROUP** Occupation **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
03 / 31 / 2014

Transaction ID : SA12.944

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CANDACE STRAIGHT

Mailing Address **518 E. PASSAIC AVE.**

City **BLOOMFIELD** State **NJ** Zip Code **07003-5315**

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

Name of Employer **SELF** Occupation **INDEPENDENT DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA12.952

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CANDACE STRAIGHT

Mailing Address 518 E. PASSAIC AVE.

City BLOOMFIELD	State NJ	Zip Code 07003-5315
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation INDEPENDENT DIRECTOR
--------------------------	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.955

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SHARON M. TOMAO

Mailing Address 19 PLUM BEACH POINT RD.

City PORT WASHINGTON	State NY	Zip Code 11050-1313
-------------------------	-------------	------------------------

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

Name of Employer KLEINBERG, KAPLAN	Occupation ATTORNEY
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.946

Amount of Each Receipt this Period
420.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ERIC WAGNER

Mailing Address 551 5TH AVE.

City NEW YORK	State NY	Zip Code 10176-0001
------------------	-------------	------------------------

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

Name of Employer KLEINBERG, KAPLAN	Occupation ATTORNEY
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
156.67

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.938

Amount of Each Receipt this Period
156.67

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 81 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FRIEDA K. WALLISON

Mailing Address 1880 LAZY O ROAD

City SNOWMASS State CO Zip Code 81654-9155

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

Name of Employer SELF Occupation REAL ESTATE DEVELOPMENT

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
 03 / 27 / 2014

Transaction ID : SA12.943

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KELLY NORTON ZELEZEN

Mailing Address 165 DUANE ST.
APT. 3D

City NEW YORK State NY Zip Code 10013-3332

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

Name of Employer KLEINBERG, KAPLAN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 70.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.932

Amount of Each Receipt this Period
 _____ 70.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JURA ZIBAS

Mailing Address 1601 3RD AVE.
20C

City NEW YORK State NY Zip Code 10128-3416

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

Name of Employer WILSON ELSER Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 333.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12.945

Amount of Each Receipt this Period
 _____ 333.33

CONTRIBUTION

[MEMO ITEM]

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

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

_____ 0.00

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
WINNING WOMEN

Mailing Address 228 S. WASHINGTON STREET STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00558361

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 110917.19

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.927

Amount of Each Receipt this Period
 20271.17

TRANSFER OF NET JFC PROCEEDS

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
CLIFF ASNESS

Mailing Address 750 THIRD AVE.
11TH FL.

City NEW YORK State NY Zip Code 10017-2703

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

Name of Employer Occupation
AQR CAPITAL MANAGEMENT ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.1000

Amount of Each Receipt this Period
 1300.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LAUREL ASNESS

Mailing Address 750 THIRD AVE.
11TH FL.

City NEW YORK State NY Zip Code 10017-2703

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.1001

Amount of Each Receipt this Period
 1300.00

CONTRIBUTION

[MEMO ITEM]

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

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

20271.17

**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 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
HARVEY GOLUB

Mailing Address 3399 PGA BLVD
STE. 360

City PALM BEACH GARDENS State FL Zip Code 33410-2819

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3333.33

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12.1005

Amount of Each Receipt this Period
733.33

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KATHRYN HUBBARD

Mailing Address 5600 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1446

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

Name of Employer E&A INDUSTRIES Occupation SALES/MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12.997

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SYLVIE M. LEGERE

Mailing Address 510 LAUREL AVE.

City WILMETTE State IL Zip Code 60091-2812

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

Name of Employer SELF Occupation 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
 03 / 31 / 2014

Transaction ID : SA12.999

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

**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 124
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) VINCENT K. MCMAHON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 14 HURLINGHAM DR.		Transaction ID : SA12.1006	
City GREENWICH	State CT	Zip Code 06831-2739	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer WWE	Occupation EXECUTIVE		[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) ANGELA D. MEYERS		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 310 N. FAYETTE ST.		Transaction ID : SA12.1002	
City ALEXANDRIA	State VA	Zip Code 22314-2435	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer PAUL SINGER FAMILY OFFICE	Occupation DEPUTY		[MEMO ITEM]
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) DAVID PARKER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 551 5TH AVE. 18TH FLOOR		Transaction ID : SA12.1009	
City NEW YORK	State NY	Zip Code 10176-0001	Amount of Each Receipt this Period 215.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer KLEINBERG, KAPLAN	Occupation ATTORNEY		[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 215.00		

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

**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 124
	<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)
Elise for Congress

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

Mailing Address 190 NE 5TH AVE.

City BOCA RATON	State FL	Zip Code 33432-4055
--------------------	-------------	------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12.1004

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TODD M. RICKETTS

Mailing Address 510 LAUREL AVE.

City WILMETTE	State IL	Zip Code 60091-2812
------------------	-------------	------------------------

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

Name of Employer SELF	Occupation 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 Y Y
 03 / 31 / 2014

Transaction ID : SA12.1007

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRANK JAMES SENSENBRENNER III

Mailing Address 609 FORT WILLIAMS PKWY

City ALEXANDRIA	State VA	Zip Code 22304-1813
--------------------	-------------	------------------------

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

Name of Employer DELOITTE	Occupation CONSULTANT
------------------------------	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12.998

Amount of Each Receipt this Period
 _____ 50.00

CONTRIBUTION
[MEMO ITEM]

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

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

_____ 0.00

**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 86 OF 124
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JENNIFER SINGER

Mailing Address **7 LANGFORD PLACE**

City **LONDON** State **ZZ** Zip Code **NW80L-**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12.1008

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
 VERIFIED U.S. CITIZEN

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

Mailing Address **1 WEST 81ST ST.**

City **NEW YORK** State **NY** Zip Code **10024-6048**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : SA12.1003

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

110917.19

**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 87 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. ELISE M STEFANIK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 134 LAKE SHORE DR		Amount of Each Disbursement this Period 9754.84
City WILLSBORO	State NY	
Zip Code 12996	Purpose of Disbursement IN-KIND- SEE DETAIL BELOW	Transaction ID : SB17.I73
Candidate Name ELISE M STEFANIK	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADIRONDACK REGIONAL CHAMBERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 136 GLEN ST #3		Amount of Each Disbursement this Period 293.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement INKIND- REGISTRATION FEE	Transaction ID : SB17.I75
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 50 MASSACHUSETTS AVE.		Amount of Each Disbursement this Period 366.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement INKIND- TRAVEL	Transaction ID : SB17.I76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9754.84
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 88 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CONSERVATIVE PARTY OF NEW YORK STATE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 486 78TH STREET		Amount of Each Disbursement this Period 2000.00
City BROOKLYN	State NY	Zip Code 11209
Purpose of Disbursement INKIND- REGISTRATION FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I77
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. HOTEL JEROME		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 330 E MAIN ST		Amount of Each Disbursement this Period 1719.60
City ASPEN	State CO	Zip Code 81611
Purpose of Disbursement INKIND- TRAVEL		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)	Transaction ID : SB17.I78
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2702 LOVE FIELD DR.		Amount of Each Disbursement this Period 377.80
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement INKIND- TRAVEL		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)	Transaction ID : SB17.I74
State: District:		[MEMO ITEM]

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 89 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2702 LOVE FIELD DR.			Amount of Each Disbursement this Period 688.00
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB17.I79 [MEMO ITEM]
Purpose of Disbursement INKIND- TRAVEL		Category/ Type	
Candidate Name		Disbursement For: <input 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. UBER			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 800 MARKET ST, FLR 7			Amount of Each Disbursement this Period 58.00
City SAN FRANCISCO	State CA	Zip Code 94102	Transaction ID : SB17.I80 [MEMO ITEM]
Purpose of Disbursement INKIND- TRAVEL		Category/ Type	
Candidate Name		Disbursement For: <input 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) C. UNTIED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 233 SOUTH WACKER DR			Amount of Each Disbursement this Period 1277.50
City CHICAGO	State IL	Zip Code 60606	Transaction ID : SB17.I81 [MEMO ITEM]
Purpose of Disbursement INKIND- TRAVEL		Category/ Type	
Candidate Name		Disbursement For: <input 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:		

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 90 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 520.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement INKIND- POSTAGE	Transaction ID : SB17.I82
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 737.80
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement INKIND- POSTAGE	Transaction ID : SB17.I83
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. VALERO		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 19 HOMER AVE		Amount of Each Disbursement this Period 166.82
City GLENS FALLS	State NY	
Zip Code 12804	Purpose of Disbursement INKIND- TRAVEL	Transaction ID : SB17.I84
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[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 91 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 140 W STREET		Amount of Each Disbursement this Period 505.47
City NEW YORK	State NY	
Zip Code 10007		Transaction ID : SB17.I85
Purpose of Disbursement INKIND- TELEPHONE SERVICE		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EMILY BARBER		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 19 GOLF COURSE RD		Amount of Each Disbursement this Period 15.00
City MALONE	State NY	
Zip Code 12953		Transaction ID : SB17.910
Purpose of Disbursement BALLOT ACCESS FEE		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GARTH CURTIS		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address SMC #1421 23 ROMODA DR		Amount of Each Disbursement this Period 75.00
City CANTON	State NY	
Zip Code 13617		Transaction ID : SB17.971
Purpose of Disbursement REGISTRATION FEE		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 92 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MATT MANDA		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 610 INDEPENDENCE AVE SE		Amount of Each Disbursement this Period 519.00 Transaction ID : SB17.985
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 519.00 Transaction ID : SB17UV.333 [MEMO ITEM]
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	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. JACK MOULTON		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 1465 CASTLERIDGE RD		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.909
City CASTLETON	State NY	
Zip Code 12033	Purpose of Disbursement BALLOT ACCESS FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	534.00
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 93 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. ANTHONY PILEGGI		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 4601.03 Transaction ID : SB17.964
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANTHONY PILEGGI		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 4670.51 Transaction ID : SB17.965
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	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. ANTHONY PILEGGI		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 4911.00 Transaction ID : SB17.966
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	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).....	14182.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. 3 WEST CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 3 WEST 51ST ST		Amount of Each Disbursement this Period 1574.57
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement FACILITY RENTAL/CATERING	Transaction ID : SB17.945
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 7.95
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.930
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 400.75
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.932
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1983.27
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 95 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.934
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 129.89 Transaction ID : SB17.935
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.937
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	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).....	145.79
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 96 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 26.33 Transaction ID : SB17.938
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. BEST WESTERN			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 90 E MAIN ST			Amount of Each Disbursement this Period 119.87 Transaction ID : SB17.977
City CANTON	State NY	Zip Code 13617	
Purpose of Disbursement TRAVEL		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. BEST WESTERN			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 90 E MAIN ST			Amount of Each Disbursement this Period 119.87 Transaction ID : SB17.978
City CANTON	State NY	Zip Code 13617	
Purpose of Disbursement TRAVEL		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).....	266.07
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 97 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		14		2014
M M	/	D D	/	Y Y Y Y								
01		14		2014								
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period										
City	State											
TYSONS CORNER	VA	<table border="1"> <tr> <td>798.00</td> </tr> </table>	798.00									
798.00												
Zip Code	22182	Transaction ID : SB17.939										
Purpose of Disbursement DATABASE MANAGEMENT SERVICE												
Candidate Name		Category/ Type										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		28		2014
M M	/	D D	/	Y Y Y Y								
01		28		2014								
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period										
City	State											
TYSONS CORNER	VA	<table border="1"> <tr> <td>351.63</td> </tr> </table>	351.63									
351.63												
Zip Code	22182	Transaction ID : SB17.940										
Purpose of Disbursement DATABASE MANAGEMENT SERVICE												
Candidate Name		Category/ Type										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		12		2014
M M	/	D D	/	Y Y Y Y								
02		12		2014								
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period										
City	State											
TYSONS CORNER	VA	<table border="1"> <tr> <td>798.00</td> </tr> </table>	798.00									
798.00												
Zip Code	22182	Transaction ID : SB17.941										
Purpose of Disbursement DATABASE MANAGEMENT SERVICE												
Candidate Name		Category/ Type										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1947.63</td> </tr> </table>	1947.63
1947.63		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		225.63
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Transaction ID : SB17.942
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CMDI		M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		798.00
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Transaction ID : SB17.943
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. COMFORT SUITES		M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 6000 US 11		Amount of Each Disbursement this Period
City CANTON State NY Zip Code 13617		173.15
Purpose of Disbursement TRAVEL		Transaction ID : SB17.987
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1196.78
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 99 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.919
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.920
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.921
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4575.00
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 100 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CRANIAL SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 104 EVERETT RD STE A		Amount of Each Disbursement this Period 912.00 Transaction ID : SB17.915
City ALBANY State NY Zip Code 12205	Purpose of Disbursement BUMPER STICKERS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CRANIAL SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 104 EVERETT RD STE A		Amount of Each Disbursement this Period 235.00 Transaction ID : SB17.916
City ALBANY State NY Zip Code 12205	Purpose of Disbursement BUMPER STICKERS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CRANIAL SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 104 EVERETT RD STE A		Amount of Each Disbursement this Period 337.50 Transaction ID : SB17.917
City ALBANY State NY Zip Code 12205	Purpose of Disbursement BUMPER STICKERS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1484.50
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 101 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CSC CAPITAL LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO BOX 4393		Amount of Each Disbursement this Period 13750.00
City SARATOGA SPRINGS	State NY	
Zip Code 12866	Purpose of Disbursement FINANCE CONSULTING	Transaction ID : SB17.946
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. E-MERCHANT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 920 N ARGONNE STE 200		Amount of Each Disbursement this Period 275.75
City SPOKANE	State WA	
Zip Code 99212	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.931
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. E-MERCHANT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 920 N ARGONNE STE 200		Amount of Each Disbursement this Period 236.13
City SPOKANE	State WA	
Zip Code 99212	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.933
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14261.88
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 124	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.975
City FAIRFAX State VA Zip Code 22037	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 52.75 Transaction ID : SB17.982
City FAIRFAX State VA Zip Code 22037	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 113.54 Transaction ID : SB17.980
City WATERTOWN State NY Zip Code 13601	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	196.29
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 108.54
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement TRAVEL	Transaction ID : SB17.981
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 279.36
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement TRAVEL	Transaction ID : SB17.990
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 276.86
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement TRAVEL	Transaction ID : SB17.991
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	664.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 102.11 Transaction ID : SB17.911
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 95.13 Transaction ID : SB17.912
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	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. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 103.10 Transaction ID : SB17.913
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	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).....	303.34
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.914
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FORT ORANGE CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 110 WASHINGTON AVE		Amount of Each Disbursement this Period 386.08 Transaction ID : SB17.918
City ALBANY	State NY	
Zip Code 12210	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GLEN FALLS PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 51 HUDSON AVE		Amount of Each Disbursement this Period 1856.62 Transaction ID : SB17.967
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement PRINTING	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).....	2292.70
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 124	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 603 KING ST 4TH FL		Amount of Each Disbursement this Period 15295.23
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement DIGITAL CONSULTING/FINANCE CONSULTING	Transaction ID : SB17.944
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 603 KING ST 4TH FL		Amount of Each Disbursement this Period 2200.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement WEB SERVICE	Transaction ID : SB17.992
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 4055 CORPORATE DR STE 100		Amount of Each Disbursement this Period 29.11
City GRAPEVINE	State TX	
Zip Code 76051	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.960
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17524.34
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 4055 CORPORATE DR STE 100		Amount of Each Disbursement this Period 29.11
City GRAPEVINE State TX Zip Code 76051	Purpose of Disbursement SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.972
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 4055 CORPORATE DR STE 100		Amount of Each Disbursement this Period 29.11
City GRAPEVINE State TX Zip Code 76051	Purpose of Disbursement SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.973
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. JAMES E WALSH ESQ		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 5000.00
City BALLSTON SPA State NY Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.951
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).....	5058.22
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 124	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. JAMES E WALSH ESQ		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.953
City BALLSTON SPA State NY Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 135 PROFESSIONAL DRIVE STE 104		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.968
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 135 PROFESSIONAL DRIVE STE 104		Amount of Each Disbursement this Period 12162.87 Transaction ID : SB17.970
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14262.87
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 109 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MEDIA AD VENTURES INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.954
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MEDIA AD VENTURES INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.955
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MERCHANT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 920 N ARGONNE STE 200		Amount of Each Disbursement this Period 276.22 Transaction ID : SB17.936
City SPOKANE	State WA	
Zip Code 99212	Purpose of Disbursement CREDIT CARD MERCHANT FEES	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).....	20276.22
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MOUNTAIN MARKET		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 2104 NEW YORK 30		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17.974
City SPECULATOR	State NY	
Zip Code 12164	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NICE N EASY GROCERY		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 601 MAIN ST		Amount of Each Disbursement this Period 46.00 Transaction ID : SB17.948
City BOONVILLE	State NY	
Zip Code 13309	Purpose of Disbursement FOOD/BEVERAGES	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. PARKWAY EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 154 ELM ST		Amount of Each Disbursement this Period 54.02 Transaction ID : SB17.986
City POTSDAM	State NY	
Zip Code 13676	Purpose of Disbursement TRAVEL	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).....	149.02
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 111 OF 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. PORTER HOUSE NY			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 10 COLUMBUS CIRCLE			Amount of Each Disbursement this Period 251.96 Transaction ID : SB17.949
City NEW YORK	State NY	Zip Code 10019	
Purpose of Disbursement FOOD/BEVERAGES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. RED OCTOBER PRODUCTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 575 MAIN STREET STE 251			Amount of Each Disbursement this Period 1933.44 Transaction ID : SB17.956
City LAUREL	State MD	Zip Code 20707	
Purpose of Disbursement MEDIA		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. SINGULARIS GROUP			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO BOX 9265			Amount of Each Disbursement this Period 354.41 Transaction ID : SB17.969
City SHAWNEE MISSION	State KS	Zip Code 66201	
Purpose of Disbursement PRINTING/POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2539.81
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 752 UPPRGLEN ST		Amount of Each Disbursement this Period 385.20
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.957
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 752 UPPRGLEN ST		Amount of Each Disbursement this Period 62.38
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.958
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 752 UPPRGLEN ST		Amount of Each Disbursement this Period 95.12
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.959
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	542.70
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 752 UPPRGLEN ST			Amount of Each Disbursement this Period 94.72	
City QUEENSBURY	State NY	Zip Code 12804	Transaction ID : SB17.961	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014	
Mailing Address 752 UPPRGLEN ST			Amount of Each Disbursement this Period 40.70	
City QUEENSBURY	State NY	Zip Code 12804	Transaction ID : SB17.962	
Purpose of Disbursement OFFICE SUPPLIES		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. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 752 UPPRGLEN ST			Amount of Each Disbursement this Period 49.63	
City QUEENSBURY	State NY	Zip Code 12804	Transaction ID : SB17.963	
Purpose of Disbursement OFFICE SUPPLIES		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).....	185.05
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STEWARTS SHOP			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 4717 STATE ROUTE 9			Amount of Each Disbursement this Period 47.05 Transaction ID : SB17.976
City PLATTSBURGH	State NY	Zip Code 12901	
Purpose of Disbursement TRAVEL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. STEWARTS SHOP			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 4717 STATE ROUTE 9			Amount of Each Disbursement this Period 37.00 Transaction ID : SB17.988
City PLATTSBURGH	State NY	Zip Code 12901	
Purpose of Disbursement TRAVEL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 3.79 Transaction ID : SB17.922
City SAN FRANCISCO	State CA	Zip Code 94110	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	87.84
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.923
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.924
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.59
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.925
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11.34
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/Type	
Candidate Name	Transaction ID : SB17.926	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.20
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/Type	
Candidate Name	Transaction ID : SB17.927	
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.59
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/Type	
Candidate Name	Transaction ID : SB17.928	
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).....	11.34
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 124			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.929
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 42.01
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	Transaction ID : SB17.979
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 0.72
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	Transaction ID : SB17.984
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	50.28
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 118 OF 124	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 57.13 Transaction ID : SB17.989
City CANASTOTA State NY Zip Code 13032	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE BARLEY PUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 835 LAKE RD		Amount of Each Disbursement this Period 101.94 Transaction ID : SB17.947
City BELLEVILLE State NY Zip Code 13611	Purpose of Disbursement FOOD/BEVERAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE OLDE BRYAN IN		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 123 MAPLE AVE		Amount of Each Disbursement this Period 77.94 Transaction ID : SB17.983
City SARATOGA SPRINGS State NY Zip Code 12866	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	237.01
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 119 OF 124	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. WILEY REIN LLP		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1776 K ST NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.950
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WILEY REIN LLP		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1776 K ST NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.952
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		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).....	5000.00
TOTAL This Period (last page this line number only).....	119812.43

**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 124			
	<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				

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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. JUSTIN EUGENE STOKES			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014		
Mailing Address 1593 LUCKNOW RD			Amount of Each Disbursement this Period 250.00		
City CAMDEN	State SC	Zip Code 29020	Transaction ID : SB20A.123		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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.			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:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

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)
Elise for Congress

Transaction ID : SC/10.5374

LOAN SOURCE Full Name (Last, First, Middle Initial)

ELISE M STEFANIK

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 17

City State ZIP Code
WILLSBORO NY 12996

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred: M 09 / D 24 / Y 2013
Date Due: M / D / Y 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).....	15000.00
TOTALS This Period (last page in this line only).....	15000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5374

The interest rate for Candidate's Loan is none. The Commission's software specifications do not permit text in the interest rate fields on Schedule C.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CSC CAPITAL LLC	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address PO BOX 4393	
City SARATOGA SPRINGS State NY Zip Code 12866	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.35	
Amount Incurred This Period <input type="text" value="19250.00"/>	Payment This Period <input type="text" value="13750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IMGE LLC	Nature of Debt (Purpose): DIGITAL CONSULTING/WEB SERVICE
Mailing Address 603 KING ST 4TH FL	
City ALEXANDRIA State VA Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.37	
Amount Incurred This Period <input type="text" value="21495.23"/>	Payment This Period <input type="text" value="17495.23"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAJORITY STRATEGIES	Nature of Debt (Purpose): PRINTING/POSTAGE
Mailing Address 135 PROFESSIONAL DRIVE STE 104	
City PONTE VEDRA BEACH State FL Zip Code 32082	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.36	
Amount Incurred This Period <input type="text" value="17252.79"/>	Payment This Period <input type="text" value="12762.87"/>	Outstanding Balance at Close of This Period <input type="text" value="4489.92"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="13989.92"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
 (check only one) 9
 10

NAME OF COMMITTEE (In Full)

Elise for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WILEY REIN LLP

Mailing Address 1776 K ST NW

City State Zip Code
 WASHINGTON DC 20006

Nature of Debt (Purpose):
LEGAL CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.34**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2500.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="16489.92"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="16489.92"/>