

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Chris Day for Congress

ADDRESS (number and street) PO Box 87

Check if different than previously reported. (ACC)

New City NY 10956

2. **FEC IDENTIFICATION NUMBER** ▼ C00557512

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

NY 17

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 / 03 / 2014 in the State of NY

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 04 / 2014

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

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer Cabell Hobbs [Electronically Filed] Date 06 / 12 / 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.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Chris Day for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	31486.00	70609.00
(b) Total Contribution Refunds (from Line 20(d))	650.00	650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	30836.00	69959.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29816.67	40237.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29816.67	40237.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29721.86	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Chris Day for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23278.00	50038.00
(ii) Unitemized.....	8208.00	17991.00
(iii) TOTAL of contributions from individuals ▶	31486.00	68029.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2580.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31486.00	70609.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	31486.00	70609.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29816.67	40237.14
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	200.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	450.00	450.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	650.00	650.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30466.67	40887.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28702.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31486.00
25. SUBTOTAL (add Line 23 and Line 24).....	60188.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30466.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29721.86

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

Form/Schedule: F3N
Transaction ID :

The Committee has reviewed all reimbursements for travel and subsistence and confirms all itemized memos are reported on Line 17 pursuant to the Commission regulations.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 312 HULSETOWN RD

City State Zip Code
CAMPBELL HALL NY 10916-3213

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

Name of Employer Occupation
ARMISTEAD MECHANICAL CORPORATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.395

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

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

Mailing Address 79 RIDGE RD.

City State Zip Code
NEW CITY NY 10956-6824

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

Name of Employer Occupation
ROCKLAND COMMUNITY COLLEGE PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11.295

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 1 GILBERT PARK

City State Zip Code
OSSINING NY 10562-5601

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

Name of Employer Occupation
NY ENFORCEMENT SERVICES 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
05 / 05 / 2014

Transaction ID : SA11.286

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
HARVEY BERK

Mailing Address **244 N.MAIN ST**

City **NEW CITY** State **NY** Zip Code **10956-5302**

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

Name of Employer **SELF EMPLOYED** Occupation **FINANCIAL PLANNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11.377

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **3 DEERFOOT LANE**

City **NEW CITY** State **NY** Zip Code **10956-6703**

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

Name of Employer **BERKSHIRE HATHAWAY** 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
05 / 14 / 2014

Transaction ID : SA11.324

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **55 HILLANDALE ROAD**

City **RYE BROOK** State **NY** Zip Code **10573-1704**

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

Name of Employer **ALTIMA PARTNERS** Occupation **FUND MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.419

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

950.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
BERNARD CURRY

Mailing Address **4 BELMONT AVENUE**

City **RYE** State **NY** Zip Code **10580-1302**

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

Name of Employer **CURRY AUTOMOTIVE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11.376

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENNIS J. DALE

Mailing Address **479 STATE RT. 17**

City **MAHWAH** State **NJ** Zip Code **07430-2116**

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

Name of Employer **DALE, DALE & DALE ASSOCIATES** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11.303

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **84 CRYSTAL HILL DR**

City **PAMONA** State **NY** Zip Code **10970-2603**

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
05 / 22 / 2014

Transaction ID : SA11.392

Amount of Each Receipt this Period
1000.00
 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 9 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
ERIC DRANOFF

Mailing Address **23 GOLF COURSE DRIVE**

City **SUFFERN** State **NY** Zip Code **10901-3948**

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

Name of Employer **SARETSKY KATZ DRANOFF & GLASS** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.300

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **19 GOLF COURSE DR.**

City **SUFFERN** State **NY** Zip Code **10901-3948**

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

Name of Employer **SMILE & IMPLANT CENTER OF ROCKLAND** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
229.00

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

Transaction ID : SA11.314

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **19 GOLF COURSE DR.**

City **SUFFERN** State **NY** Zip Code **10901-3948**

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

Name of Employer **SMILE & IMPLANT CENTER OF ROCKLAND** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
229.00

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

Transaction ID : SA11.405

Amount of Each Receipt this Period
179.00
 CONTRIBUTION

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

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

729.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 29 MILE RD.

City: SUFFERN State: NY Zip Code: 10901-3919

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: 1100.00

Date of Receipt: 04 / 04 / 2014

Transaction ID : SA11.294

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

Mailing Address 29 MILE RD.

City: SUFFERN State: NY Zip Code: 10901-3919

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: 1100.00

Date of Receipt: 04 / 04 / 2014

Transaction ID : SA11.313

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 179 WEST MAPLE AVE.

City: MONSEY State: NY Zip Code: 10952-1733

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: 225.00

Date of Receipt: 04 / 04 / 2014

Transaction ID : SA11.291

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

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

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

1300.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address **GOOSETOWN COMMUNICATIONS**

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

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

Name of Employer **GOOSETOWN COMMUNICATIONS** Occupation **EVP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11.288

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIMOTHY M. HAUSER SR

Mailing Address **9 OLDFIELD CT**

City **GARNERVILLE** State **NY** Zip Code **10923-1837**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.398

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. EVA KARLINER

Mailing Address **10654 PELICAN PRESERVE BLVD, APT 2**

City **FORT MYERS** State **FL** Zip Code **33913-7178**

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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.342

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

2050.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 1750 ROUTE 211 E

City MIDDLETOWN State NY Zip Code 10941-3737

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
 05 / 22 / 2014

Transaction ID : SA11.393

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 26 TERRACE DR.

City SOUTH NYACK State NY Zip Code 10960-4222

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

Name of Employer CAPITOL RISK MANAGEMENT SERVICES Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.292

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 36 CRAGMERE OVAL

City NEW CITY State NY Zip Code 10956-5432

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

Name of Employer THE MECHANIC GROUP, INC. Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11.323

Amount of Each Receipt this Period
 1000.00
 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 13 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 199 CHERRY LN

City State Zip Code
MONSEY NY 10952-4304

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.397

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 5 OAK COURT

City State Zip Code
STONY POINT NY 10980-2502

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.364

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

Mailing Address 20 WINDSOR CIR.

City State Zip Code
NEW CITY NY 10956-1145

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
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.387

Amount of Each Receipt this Period
150.00
CONTRIBUTION

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

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

1200.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address **20 PARK LANE**

City **NANUET** State **NY** Zip Code **10954-2517**

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

Name of Employer **DAVID MOSNER INC** Occupation **BUSINESSMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.322

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **PO BOX 108**

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

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

Name of Employer **NICOLAYSEN AGENCY, INC.** Occupation **SELF-EMPLOYED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11.301

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address **132 N MIDDLETOWN AVE**

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

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 **250.00**

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

Transaction ID : SA11.403

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 15 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 22 WOODHAVEN DR.

City State Zip Code
NEW CITY NY 10956-4437

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
2990.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11.266

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

Mailing Address 22 WOODHAVEN DR.

City State Zip Code
NEW CITY NY 10956-4437

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.327

Amount of Each Receipt this Period
2210.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

Mailing Address 22 WOODHAVEN DR.

City State Zip Code
NEW CITY NY 10956-4437

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
2990.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.266B

Amount of Each Receipt this Period
-390.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5200.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address **22 WOODHAVEN DR.**

City **NEW CITY** State **NY** Zip Code **10956-4437**

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 **2990.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.325B

Amount of Each Receipt this Period
-2210.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION TO SPOUSE

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

Mailing Address **22 WOODHAVEN DR.**

City **NEW CITY** State **NY** Zip Code **10956-4437**

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 **2990.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.326

Amount of Each Receipt this Period
390.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
ANNA MARIE SETTANNI

Mailing Address **6 SUTTON PL**

City **KATONAH** State **NY** Zip Code **10536-3003**

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

Name of Employer **EUFEMIAS** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.422

Amount of Each Receipt this Period
300.00

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 17 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

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

Mailing Address 11 CONKLIN DRIVE

City State Zip Code
STONY POINT NY 10980-3668

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

Name of Employer Occupation
THE DUCEY AGENCY INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1099.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11.412

Amount of Each Receipt this Period
 599.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK K. WHALEN

Mailing Address 20 VALLEY VIEW CIR

City State Zip Code
WARWICK NY 10990-2719

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 Y Y
 05 / 22 / 2014

Transaction ID : SA11.394

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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).....

1599.00

23278.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. PATRICIA CHURCH		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 427 KENNEDY DR		Amount of Each Disbursement this Period 294.00
City SPRING VALLEY	State NY Zip Code 10977	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB17.1261
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. BRYON C MCKIM		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 14 WILKINS AVE		Amount of Each Disbursement this Period 2028.50
City COLONIE	State NY Zip Code 12205	
Purpose of Disbursement LEGAL CONSULTING		Transaction ID : SB17.1256
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. IAN MILLER		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 63 EAST RD		Amount of Each Disbursement this Period 1350.21
City WALLKILL	State NY Zip Code 12589	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL- MILEAGE		Transaction ID : SB17.1264
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).....	3672.71
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 19 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.1239
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 19.25 Transaction ID : SB17.1241
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.1244
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	35.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 19.14
City EL PASO State TX Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.1246
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 06 / 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 FEE	
Candidate Name	Category/Type	Transaction ID : SB17.1248
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. BIG SHOT SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 6 ENTERPRISE COURT		Amount of Each Disbursement this Period 1500.00
City NANUET State NY Zip Code 10954	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.1252
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).....	1527.09
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 21 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 115.25
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name		Transaction ID : SB17.1240
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 229.25
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name		Transaction ID : SB17.1243
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 125.38
City VIENNA State VA Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name		Transaction ID : SB17.1247
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).....	469.88
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 22 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.1250
City VIENNA State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.1251
City VIENNA State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	
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 VA LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 3700.00 Transaction ID : SB17.1238
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).....	5296.00
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 23 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. CONSTANT CONTACT

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

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 86.70

Transaction ID : SB17.1276

B. CONSTANT CONTACT

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

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2014

Amount of Each Disbursement this Period: 158.50

Transaction ID : SB17.1277

C. DEL ARTE RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 20 MOUNTAINVIEW AVE

City ORANGEBURG State NY Zip Code 10962

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 786.00

Transaction ID : SB17.1237

SUBTOTAL of Disbursements This Page (optional) 1031.20

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)
A. E-MERCHANT SOLUTIONS

Mailing Address 920 N ARGONNE STE 200

City SPOKANE State WA Zip Code 99212

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 07 / 2014

Amount of Each Disbursement this Period: 162.07

Transaction ID : SB17.1242

Full Name (Last, First, Middle Initial)
B. E-MERCHANT SOLUTIONS

Mailing Address 920 N ARGONNE STE 200

City SPOKANE State WA Zip Code 99212

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 05 / 2014

Amount of Each Disbursement this Period: 270.73

Transaction ID : SB17.1245

Full Name (Last, First, Middle Initial)
C. E-MERCHANT SOLUTIONS

Mailing Address 920 N ARGONNE STE 200

City SPOKANE State WA Zip Code 99212

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2014

Amount of Each Disbursement this Period: 163.46

Transaction ID : SB17.1249

SUBTOTAL of Disbursements This Page (optional) 596.26

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 37.25
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MEDIA	Transaction ID : SB17.1257
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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 500.94
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MEDIA	Transaction ID : SB17.1258
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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 90.85
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MEDIA	Transaction ID : SB17.1259
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).....	629.04
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 26 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 56.18
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement WEB SERVICE	Transaction ID : SB17.1274
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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 250.66
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement WEB SERVICE	Transaction ID : SB17.1275
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. HILTON WESTCHESTER		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 699 WESTCHESTER AVE		Amount of Each Disbursement this Period 390.00
City RYE BROOK	State NY	
Zip Code 10573	Purpose of Disbursement FACILITY RENTAL	Transaction ID : SB17.1253
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).....	696.84
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 27 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. HILTON WESTCHESTER

Full Name (Last, First, Middle Initial)
Mailing Address 699 WESTCHESTER AVE

City RYE BROOK State NY Zip Code 10573

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 17 / 2014

Amount of Each Disbursement this Period: 1177.25

Transaction ID : SB17.1255

B. MAINLY MONOGRAMS

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

City WEST NYACK State NY Zip Code 10994

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 365.00

Transaction ID : SB17.1268

C. NEW BORN PRINTING

Full Name (Last, First, Middle Initial)
Mailing Address 25 OLD BRICK ROAD

City NEW CITY State NY Zip Code 10956

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 21 / 2014

Amount of Each Disbursement this Period: 868.73

Transaction ID : SB17.1267

SUBTOTAL of Disbursements This Page (optional) 2410.98

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. NEW BORN PRINTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 25 OLD BRICK ROAD		Amount of Each Disbursement this Period 1528.31
City NEW CITY	State NY	
Zip Code 10956	Purpose of Disbursement PRINTING	Transaction ID : SB17.1270
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. PROVIDENT BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 400 RELLA BLVD		Amount of Each Disbursement this Period 39.00
City MONTEBELLO	State NY	
Zip Code 10901	Purpose of Disbursement BANK FEE	Transaction ID : SB17.1234
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. PROVIDENT BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 400 RELLA BLVD		Amount of Each Disbursement this Period 39.00
City MONTEBELLO	State NY	
Zip Code 10901	Purpose of Disbursement BANK FEE	Transaction ID : SB17.1235
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).....	1606.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. PROVIDENT BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 400 RELLA BLVD		Amount of Each Disbursement this Period 39.00
City MONTEBELLO	State NY	
Zip Code 10901	Purpose of Disbursement BANK FEE	Transaction ID : SB17.1236
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. ROCKLAND BOULDERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1 PROVIDENT BANK PARK DR		Amount of Each Disbursement this Period 475.00
City POMONA	State NY	
Zip Code 10970	Purpose of Disbursement FACILITY RENTAL	Transaction ID : SB17.1254
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. SIGN CREATIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 73 S MAIN ST		Amount of Each Disbursement this Period 69.36
City NEW CITY	State NY	
Zip Code 10956	Purpose of Disbursement PRINTING	Transaction ID : SB17.1271
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).....	583.36
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 30 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 500 STAPLES DR.		Amount of Each Disbursement this Period 123.52
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement PRINTING	Transaction ID : SB17.1266
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 CASALE GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3000.00
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.1260
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 CASALE GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3000.00
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.1262
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).....	6123.52
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 31 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. THE CASALE GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 125 LAKE ST		Amount of Each Disbursement this Period 3400.00 Transaction ID : SB17.1263
City COOPERSTOWN	State NY	
Zip Code 13326	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE MAILHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 614 CORPORATE WAY SUITE 8		Amount of Each Disbursement this Period 1152.91 Transaction ID : SB17.1272
City VALLEY COTTAGE	State NY	
Zip Code 10989	Purpose of Disbursement PRINTING/POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE MAILHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 614 CORPORATE WAY SUITE 8		Amount of Each Disbursement this Period 452.98 Transaction ID : SB17.1273
City VALLEY COTTAGE	State NY	
Zip Code 10989	Purpose of Disbursement PRINTING/POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5005.89
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 32 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 245 N MAIN ST		Amount of Each Disbursement this Period 49.00
City NEW CITY	State NY	
Zip Code 10956	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1265
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. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 83.44
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement PRINTING	Transaction ID : SB17.1269
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.		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	
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).....	132.44
TOTAL This Period (last page this line number only).....	29816.67

**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 33 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. WILLIAM SHERWOOD		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 19 WILES DR		Amount of Each Disbursement this Period 200.00
City STONEY POINT State NY Zip Code 10980	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB20A.123
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) A. I B E W LOCAL UNION NO.363 PAC-NON		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 67 COMMERCE DR. S		Amount of Each Disbursement this Period 450.00
City HARRIMAN State NY Zip Code 10926	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Transaction ID : SB20C.123
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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	
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:	Category/Type	

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	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	450.00