

# 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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

06

24

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 James E. Morris

Signature of Treasurer James E. Morris

[Electronically Filed]

Date

08

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.

Office Use Only									
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**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))....	114706.55	513153.47
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	114706.55	512903.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	301112.81	474402.23
(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)).....	301112.81	474401.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	184419.09	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	53659.07	

**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: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56434.33	337746.33
(ii) Unitemized.....	27532.87	57989.88
(iii) TOTAL of contributions from individuals ▶	83967.20	395736.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	27500.00	89750.00
(d) The Candidate.....	3239.35	27667.26
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	114706.55	513153.47
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	110917.19
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	20000.00	35000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	35000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.66
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	134706.55	659071.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	301112.81	474402.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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)).....	0.00	250.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	301112.81	474652.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	350825.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	134706.55
25. SUBTOTAL (add Line 23 and Line 24).....	485531.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	301112.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	184419.09

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

Form/Schedule: F3A  
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. The Committee has reviewed all earmarked contributions and confirms individuals who cycle to date aggregate exceeds \$200.00 have been itemized.

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 108
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ALEXANDER BENARD**

Mailing Address 1168 CHAIN BRIDGE RD

City State Zip Code  
MCLEAN VA 22101-2217

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

Name of Employer Occupation  
SCHULZE GLOBAL INVESTMENTS COO

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 : SA11.1075**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANGELA BRALY**

Mailing Address 832 ALVERNA DR.

City State Zip Code  
INDIANAPOLIS IN 46260-4955

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  
2600.00

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

**Transaction ID : SA11.1614**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 6 OAK KNOLL TERRACE

City State Zip Code  
PASADENA CA 91106-4534

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

Name of Employer Occupation  
ONEWEST BANK 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  
04 / 04 / 2014

**Transaction ID : SA11.873**

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 108
	<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)  
**LENORE F. BROUGHTON**

Mailing Address 52 HENRY ST

City State Zip Code  
BURLINGTON VT 05401-3329

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

Name of Employer Occupation  
TRUE NORTH REPORTS OWNER

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 / 19 / 2014

**Transaction ID : SA11.1221**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**D. SHELDON BROWN**

Mailing Address 116 E BROADWAY

City State Zip Code  
SALEM NY 12865-3102

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

Name of Employer Occupation  
RETIRED RETIRED DAIRY FARMER

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 / 16 / 2014

**Transaction ID : SA11.1164**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 640 JOHN CARLYLE STREET

City State Zip Code  
ALEXANDRIA VA 22314-6853

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP 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  
05 / 30 / 2014

**Transaction ID : SA11.1609**

Amount of Each Receipt this Period  
500.00  
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 108
	<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)  
**JULIE CHLOPECKI**

Mailing Address 1547 EVERS DR

City State Zip Code  
MCLEAN VA 22101-5006

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

Name of Employer Occupation  
XENOPHON STRATEGIES PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**705.94**

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

**Transaction ID : SA11.1840**

Amount of Each Receipt this Period  
**455.94**

CONTRIBUTION

IN-KIND FOOD/BEVERAGES

**B.** Full Name (Last, First, Middle Initial)  
**JONATHAN COHEN**

Mailing Address 19 HEARTHSTONE DR

City State Zip Code  
WILTON NY 12831-2502

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

Name of Employer Occupation  
BEHAN COMMUNICATIONS COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 12 2014**

**Transaction ID : SA11.1093**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address 52 CLARK STREET

City State Zip Code  
BROOKLYN NY 11201-2417

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**845.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 29 2014**

**Transaction ID : SA11.1595**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

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

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

**1080.94**



**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 108
	<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) <b>A. JAKE CUSACK</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 1227 O STREET NW		<b>Transaction ID : SA11.1087</b>	
City WASHINGTON	State DC	Zip Code 20005-4411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer CROSSBOUNDARY	Occupation INVESTMENTS		
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>B. BROCK DAHL</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 1200 N. HERNDON ST.		<b>Transaction ID : SA11.1077</b>	
City ARLINGTON	State VA	Zip Code 22201-7020	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer MORGAN, LEWIS & BOCKIUS	Occupation LAWYER		
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) <b>C. MR. GARY C. DAKE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2014	
Mailing Address 87 RAILROAD PL APT 407		<b>Transaction ID : SA11.1179</b>	
City SARATOGA SPRINGS	State NY	Zip Code 12866-2144	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer STEWART'S SHOPS	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 10 OF 108
	<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 DALLAS**

Mailing Address **100 YORKSHIRE DRIVE**

City **WILLIAMSBURG** State **VA** Zip Code **23185-3983**

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

Name of Employer **JEFFERSON SCIENCE ASSOCIATES** Occupation **CHIEF OPERATING OFFICER**

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 / 29 / 2014**

**Transaction ID : SA11.1596**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LINDA A. DIVALL**

Mailing Address **8305 SIMSBURY PLACE**

City **ALEXANDRIA** State **VA** Zip Code **22308-1563**

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

Name of Employer **AMERICAN VIEWPOINT** Occupation **PRESIDENT/CEO**

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 : SA11.1122**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WALT DLUGOLECKI**

Mailing Address **347 PARK AVENUE**

City **SARANAC LAKE** State **NY** Zip Code **12983-5526**

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

Name of Employer **RPA ADVISORS, LLC** Occupation **RESTRUCTURING 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  
**05 / 14 / 2014**

**Transaction ID : SA11.1124**

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: PAGE 11 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**LUISA N. EWING**

Mailing Address 201 WINDJAMMER E

City State Zip Code  
EMERALD ISLE NC 28594-2231

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

Name of Employer Occupation  
SEO CAREER ASSISTANT DIRECTOR

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 16 2014

**Transaction ID : SA11.1142**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MEGAN R. FITZPATRICK**

Mailing Address 520 N GARFIELD STREET #2

City State Zip Code  
ARLINGTON VA 22201-2062

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

Name of Employer Occupation  
IMGE DIGITAL STRATEGY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
507.00

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

**Transaction ID : SA11.1104**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMIE M. FLY**

Mailing Address 5804 HANNORA LANE

City State Zip Code  
FAIRFAX STATION VA 22039-1428

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

Name of Employer Occupation  
U.S. SENATE COUNSELOR

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 08 2014

**Transaction ID : SA11.1084**

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 12 OF 108
	<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) <b>TODD FOX</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 517 L STREET, NW		<b>Transaction ID : SA11.1081</b>	
City WASHINGTON	State DC	Zip Code 20001-3673	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer VISA	Occupation GLOBAL GOVERNMENT RELATIONS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>TODD FOX</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 517 L STREET, NW		<b>Transaction ID : SA11.1612</b>	
City WASHINGTON	State DC	Zip Code 20001-3673	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer VISA	Occupation GLOBAL GOVERNMENT RELATIONS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>RODRIGO ANGEL GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 3101 NEW MEXICO AVE, NW APT. 248		<b>Transaction ID : SA11.1141</b>	
City WASHINGTON	State DC	Zip Code 20016-5912	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation RESTAURANTEUR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 108
	<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) <b>A. SEAN GARVEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 257 DIX AVENUE		<b>Transaction ID : SA11.1803</b>
City State Zip Code QUEENSBURY NY 12804-3933	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation GARVEY AUTO SELF	Amount of Each Receipt this Period 1250.00 CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT GONZALEZ</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1736 WILLARD ST. NW		<b>Transaction ID : SA11.1060</b>
City State Zip Code WASHINGTON DC 20009-1777	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation GIBSON, DUNN & CRUTCHER LLP LAWYER	Amount of Each Receipt this Period 250.00 CONTRIBUTION
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) <b>C. JON GREENWOOD</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1087 STATE HWY 310		<b>Transaction ID : SA11.1162</b>
City State Zip Code CANTON NY 13617-3378	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SELF-EMPLOYED DAIRY FARMER	Amount of Each Receipt this Period 500.00 CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 14 OF 108
	<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) <b>A. LAURA HUNT</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2900 MCKINNON STREET APARTMENT 2803		<b>Transaction ID : SA11.1137</b>
City DALLAS State TX Zip Code 75201-0900	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer SELF Occupation DESIGNER	
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>B. PETER JASINSKI</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 114 HUDSON POINTE BLVD		<b>Transaction ID : SA11.1582</b>
City QUEENSBURY State NY Zip Code 12804-6415	Amount of Each Receipt this Period 200.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer NONE Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>C. PETER JASINSKI</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 114 HUDSON POINTE BLVD		<b>Transaction ID : SA11.1604</b>
City QUEENSBURY State NY Zip Code 12804-6415	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer NONE Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 108

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

**A.** Full Name (Last, First, Middle Initial)  
**YAMA JEWAYNI**

Mailing Address **8417 BRADLEY BLVD**

City **POTOMAC** State **MD** Zip Code **20854-4502**

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

Name of Employer **SELF** Occupation **RESTAURANTEUR**

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  
**05 / 16 / 2014**

**Transaction ID : SA11.1140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY T. JEZIERSKI**

Mailing Address **3101 NORTH HAMPTON UNIT 404**

City **ALEXANDRIA** State **VA** Zip Code **22302-1521**

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

Name of Employer **US HOUSE OF REPRESENTATIVES** Occupation **STAFF**

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  
**05 / 14 / 2014**

**Transaction ID : SA11.1105**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SALLY KELLY**

Mailing Address **30 OAKWOOD DRIVE**

City **QUEENSBURY** State **NY** Zip Code **12804-1328**

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

Name of Employer **ADIRONDACK RADIOLOGY** Occupation **RADIOLOGIST**

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  
**06 / 03 / 2014**

**Transaction ID : SA11.1706**

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 16 OF 108
	<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)  
**DANIEL J. KENIRY**

Mailing Address **LITTLE FALLS ROAD**

City **ARLINGTON** State **VA** Zip Code **22207**

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

Name of Employer **UNITED HEALTH** Occupation **VP GOVERNMENT AFFAIRS**

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 / 14 / 2014**

**Transaction ID : SA11.1123**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN J. KENNEDY**

Mailing Address **1 CONVINGTON CT**

City **SCHENECTADY** State **NY** Zip Code **12309-1323**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : SA11.1677**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **601 13TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

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

Name of Employer **JEFFREY J. KIMBELL AND ASSOCIATES** Occupation **SMALL BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : SA11.1033**

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: PAGE 17 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES B. KINGSLEY**

Mailing Address 8384 STATE PARK RD

City State Zip Code  
THREE MILE BAY NY 13693-5208

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 21 2014

**Transaction ID : SA11.1245**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD J. KREBS**

Mailing Address 43 MASTERS CMN N

City State Zip Code  
QUEENSBURY NY 12804-9731

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 03 2014

**Transaction ID : SA11.1694**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

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

Mailing Address 200 E 24TH ST

City State Zip Code  
NEW YORK NY 10010-3916

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

Name of Employer Occupation  
MCKINSEY & CO 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  
 04 05 2014

**Transaction ID : SA11.907**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<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)  
**JEFFREY KUPFER**

Mailing Address 7011 MEADOW LANE

City State Zip Code  
CHEVY CHASE MD 20815-5015

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

Name of Employer Occupation  
CHEVRON GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

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

**Transaction ID : SA11.1618**

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

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

Mailing Address 3106 RUSSELL ROAD

City State Zip Code  
ALEXANDRIA VA 22305-1720

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

Name of Employer Occupation  
HOLLAND & KNIGHT 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 / 14 / 2014**

**Transaction ID : SA11.1112**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address 174 WASHINGTON ST.

City State Zip Code  
JERSEY CITY NJ 07302-4598

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

Name of Employer Occupation  
CLEARY GOTTLIEB ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11.1072**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1350.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS L. MAINWARING**  
 Mailing Address **20 BEEKMAN PLACE**  
 City State Zip Code  
**QUEENSBURY NY 12804-9707**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SELF EMPLOYED CONSULTANT**  
 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 14 2014**  
**Transaction ID : SA11.1119**  
 Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD MANDA**  
 Mailing Address **940 E 1264 RD**  
 City State Zip Code  
**LAWRENCE KS 66047-9462**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SELF DENTIST**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**230.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 16 2014**  
**Transaction ID : SA11.1150**  
 Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SHAY S. MASON**  
 Mailing Address **14 LANTERN HILL RD**  
 City State Zip Code  
**QUEENSBURY NY 12804-8056**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**GLENS FALLS SYMPHONY EXECUTIVE 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  
**06 02 2014**  
**Transaction ID : SA11.1621**  
 Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

**825.00**

**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 108
	<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) <b>A. ANITA B. MCBRIDE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 5016 UPTON ST NW		<b>Transaction ID : SA11.1136</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer AMERICAN UNIVERSITY	Occupation EXECUTIVE-IN-RESIDENCE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>B. NANCY MCEWEN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address 393 NORTH POINT ROAD, APT. 301		<b>Transaction ID : SA11.1016</b>
City OSPREY	State FL	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	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	

Full Name (Last, First, Middle Initial) <b>C. JAMES MCKEEVER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 35 TRINITY PASS		<b>Transaction ID : SA11.900</b>
City POUND RIDGE	State NY	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer GREENWICH HOSPITAL	Occupation DOCTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> 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 21 OF 108
	<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)  
**LINDA E. MCMAHON**

Mailing Address 14 HURLINGHAM DR.

City GREENWICH State CT Zip Code 06831-2739

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

Name of Employer SELF 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  
 04 / 24 / 2014

**Transaction ID : SA11.1042**

Amount of Each Receipt this Period  
 4200.00

CONTRIBUTION

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

Mailing Address 14 HURLINGHAM DR.

City GREENWICH State CT Zip Code 06831-2739

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

Name of Employer SELF 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  
 05 / 22 / 2014

**Transaction ID : SA11.1042B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 14 HURLINGHAM DR.

City GREENWICH State CT Zip Code 06831-2739

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

Name of Employer SELF 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  
 05 / 22 / 2014

**Transaction ID : SA11.1569**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

4200.00

**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 108
	<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)  
**DAN P. MEYER**

Mailing Address **2506 DUXBURY PL**

City **ALEXANDRIA** State **VA** Zip Code **22308-2138**

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

Name of Employer **THE DUBERSTEIN GROUP INC** Occupation **SENIOR VICE 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  
**05 / 14 / 2014**

**Transaction ID : SA11.1106**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address **50 MURRAY STREET APT. 1112**

City **NEW YORK** State **NY** Zip Code **10007-2266**

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

Name of Employer **CBB INTERNATIONAL** Occupation **CEO**

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 / 07 / 2014**

**Transaction ID : SA11.1079**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**H. NICHOLAS MULLER III**

Mailing Address **PO BOX 244**

City **ESSEX** State **NY** Zip Code **12936-0244**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11.1139**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

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

**1450.00**

**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 108
	<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)  
**H. NICHOLAS MULLER III**

Mailing Address **PO BOX 244**

City **ESSEX** State **NY** Zip Code **12936-0244**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11.1625**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAMUKA MURJIKNELI**

Mailing Address **10145 COLEBROOK AVE**

City **POTOMAC** State **MD** Zip Code **20854-1811**

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  
**05 / 05 / 2014**

**Transaction ID : SA11.1061**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PATRICK MURNANE**

Mailing Address **1 POINT VIEW TERRACE**

City **PLATTSBURGH** State **NY** Zip Code **12901-1746**

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

Name of Employer **MURNANE BUILDING CONTRACTORS, INC.** Occupation **CONTRACTOR**

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 / 12 / 2014**

**Transaction ID : SA11.1098**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1450.00**

**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 108
	<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)  
**WADE W. MURPHY**

Mailing Address 200 NORTH JEFFERSON SUITE 500

City State Zip Code  
EL DORADO AR 71730-5855

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

Name of Employer Occupation  
MARMIK OIL COMPANY EXECUTIVE VICE 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  
 06 / 02 / 2014

**Transaction ID : SA11.1622**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B.** 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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11.1678**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NANCY NUGENT ESQ.**

Mailing Address 635 OLD STATE RD

City State Zip Code  
NORTHVILLE NY 12134-3515

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

Name of Employer Occupation  
SELF-EMPLOYED 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  
 06 / 04 / 2014

**Transaction ID : SA11.1740**

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: PAGE 25 OF 108  
(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)  
**MICHAEL PARKER**

Mailing Address **70 WEST 11TH STREET**

City **NEW YORK** State **NY** Zip Code **10011-8628**

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

Name of Employer **CHILTON INVESTMENT COM** 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 Y Y  
**04 / 05 / 2014**

**Transaction ID : SA11.906**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL R. PASKO**

Mailing Address **909 NEW JERSEY AVE APT 212**

City **WASHINGTON** State **DC** Zip Code **20003-5303**

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

Name of Employer **MCDONALD HOPKINS** Occupation **LEGISLATIVE MANAGER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

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

**Transaction ID : SA11.1107**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FREDERICK PIERCE**

Mailing Address **194 WINDSOR AVE.**

City **BUFFALO** State **NY** Zip Code **14209-1021**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11.1092**

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 26 OF 108
	<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)  
**GREGORY PINTO**

Mailing Address 414 MAPLE AVENUE

City State Zip Code  
SARATOGA SPRINGS NY 12866-5550

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 26 / 2014

**Transaction ID : SA11.1045**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AGNES POMPA**

Mailing Address 575 ROWLAND ST EXT.

City State Zip Code  
SARATOGA SPRINGS NY 12866-6157

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : SA11.1688**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1437 RHODE ISLAND AVENUE, NW #106

City State Zip Code  
WASHINGTON DC 20005-5408

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

Name of Employer Occupation  
AMERICA RISING LLC COMMUNICATIONS

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 : SA11.1708**

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 27 OF 108
	<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)  
**DR. WILLIAM REYNOLDS**

Mailing Address **32 OAKWOOD DRIVE**

City **QUEENSBURY** State **NY** Zip Code **12804-1328**

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

Name of Employer **ADIRONDACK RADIOLOGY** Occupation **MEDICAL DOCTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11.1041**

Amount of Each Receipt this Period  
**600.00**  
 CONTRIBUTION

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

Mailing Address **12485 CO. RT. 66**

City **ADAMS CENTER** State **NY** Zip Code **13606**

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

Name of Employer **STEPHENS MEDIA** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **253.39**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 29 / 2014**

**Transaction ID : SA11.1841**

Amount of Each Receipt this Period  
**203.39**  
 CONTRIBUTION  
 IN-KIND FOOD/BEVERAGES

**C.** Full Name (Last, First, Middle Initial)  
**ALEX ROBERTSON**

Mailing Address **136 EAST 64TH STREET**

City **NY** State **NY** Zip Code **10065-7360**

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

Name of Employer **TIGER MANAGEMENT LLC** Occupation **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  
**05 / 30 / 2014**

**Transaction ID : SA11.1606**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**3403.39**

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

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

FOR LINE NUMBER: PAGE 28 OF 108  
(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)  
**JEFFREY A. ROSEN**

Mailing Address 1723 FOREST LANE

City State Zip Code  
MCLEAN VA 22101-3323

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

Name of Employer Occupation  
KIRKLAND & ELLIS PARTNER

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  
 05 / 30 / 2014

**Transaction ID : SA11.1611**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address CMR 450 BOX 714

City State Zip Code  
APO AE 09705-0008

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

Name of Employer Occupation  
NONE STUDENT

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  
 06 / 01 / 2014

**Transaction ID : SA11.1613**

Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELIAS SCHULZE**

Mailing Address 3028 CAMBRIDGE PLACE

City State Zip Code  
WASHINGTON DC 20007-2913

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

Name of Employer Occupation  
AFRICA INTERNET HOLDING MANAGER

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  
 05 / 06 / 2014

**Transaction ID : SA11.1071**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

625.00

**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 108
	<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)  
**GABRIEL SCHULZE**

Mailing Address P.O. BOX 428

City: **MONTEREY** State: **MA** Zip Code: **01245-0428**

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

Name of Employer: **SGI** Occupation: **FINANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2600.00**

Date of Receipt: **05 / 07 / 2014**

**Transaction ID : SA11.1076**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ISAIAH SCHULZE**

Mailing Address 6901 HOLLYTREE CIRCLE

City: **TYLER** State: **TX** Zip Code: **75703-5783**

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

Name of Employer: **SCHULZE GLOBAL INVESTMENTS** Occupation: **FINANCIER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **05 / 05 / 2014**

**Transaction ID : SA11.1069**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JULIE SCHULZE**

Mailing Address P.O. BOX 428

City: **MONTEREY** State: **MA** Zip Code: **01245-0428**

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

Name of Employer: **NS** Occupation: **FOUNDER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2600.00**

Date of Receipt: **06 / 02 / 2014**

**Transaction ID : SA11.1670**

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

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

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

**5700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 108
	<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)  
**KAREN SCHULZE**

Mailing Address 8065 LEESBURG PIKE, SUITE 300

City VIENNA	State VA	Zip Code 22182-2738
----------------	-------------	------------------------

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

Name of Employer SELF	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  
 05 / 29 / 2014

**Transaction ID : SA11.1594**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 8065 LEESBURG PIKE, STE 300

City VIENNA	State VA	Zip Code 22182-2738
----------------	-------------	------------------------

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

Name of Employer SELF	Occupation EXECUTIVE
--------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.1068**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 453 DIXON ROAD

City QUEENSBURY	State NY	Zip Code 12804-1949
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation DENTIST
--------------------------	-----------------------

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 / 04 / 2014

**Transaction ID : SA11.1802**

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: PAGE 31 OF 108  
(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)  
**JOSEPH R. SCUDERI**

Mailing Address **PO BOX 3**

City **DEWITT** State **NY** Zip Code **13214-0003**

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

Name of Employer **WIDEWATER GROUP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**06 / 03 / 2014**

**Transaction ID : SA11.1674**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELIAH SETON**

Mailing Address **75 ROCKEFELLER PLAZA**

City **NEW YORK** State **NY** Zip Code **10019-6908**

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

Name of Employer **WARNER MUSIC GROUP** Occupation **MUSIC INDUSTRY**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**04 / 05 / 2014**

**Transaction ID : SA11.902**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALEX SHMULSKY**

Mailing Address **19 MONTCALM ST**

City **TICONDEROGA** State **NY** Zip Code **12883-1343**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**05 / 30 / 2014**

**Transaction ID : SA11.1597**

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 32 OF 108
	<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)  
**WILLIAM R. SPEICHER**

Mailing Address 1701 WELCH ST

City HOUSTON State TX Zip Code 77006-1732

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

Name of Employer NABORS Occupation PROJECT MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11.1592**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LAWRENCE G. SWIFT**

Mailing Address 215 BROWN SHORES ROAD

City SACKETS HARBOR State NY Zip Code 13685-2707

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

Name of Employer US GOVERNMENT Occupation SOLDIER

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 / 29 / 2014

**Transaction ID : SA11.1593**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00  
 CONTRIBUTION

**C.** 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 CAPITOL SOULTIONS GOV. RELATIONS CON Occupation GOVERNMENT RELATIONS 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  
 05 / 14 / 2014

**Transaction ID : SA11.1110**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

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

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

\_\_\_\_\_ 600.00

\_\_\_\_\_



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

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

FOR LINE NUMBER: PAGE 33 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**RYAN L. TRIPLETTE**

Mailing Address 1512 KINGMAN PL NW

City State Zip Code  
WASHINGTON DC 20005-3709

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

Name of Employer Occupation  
FRANKLIN SQUARE GROUP LOBBYIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11.1102**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID TRULIO**

Mailing Address 1577 MADDUX LN

City State Zip Code  
MCLEAN VA 22101-3245

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

Name of Employer Occupation  
RAYTHEON COMPANY BUSINESS DEVELOPMENT DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11.1083**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS R. TYRRELL**

Mailing Address 5 SCHUYLER MEADOWS RD

City State Zip Code  
ALBANY NY 12211-1423

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

Name of Employer Occupation  
ARTHUR J. GALLAGHER AREA CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.1116**

Amount of Each Receipt this Period  
 500.00  
 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: PAGE 34 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**KEITH URBAHN**

Mailing Address 619 F ST NE

City State Zip Code  
WASHINGTON DC 20002-5217

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

Name of Employer Occupation  
JAVELIN GROUP PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 04 2014

**Transaction ID : SA11.1059**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SALLY A. VASTOLA**

Mailing Address 27 COLLINS COURT

City State Zip Code  
GETZVILLE NY 14068-1575

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

Name of Employer Occupation  
NIXON PEABODY 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 Y Y  
 05 14 2014

**Transaction ID : SA11.1111**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 10 ASHTON DRIVE

City State Zip Code  
GREENWICH CT 06831-3762

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

Name of Employer Occupation  
UNITED STATES SENATE ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 05 2014

**Transaction ID : SA11.899**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 108
	<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)  
**CHARLES V. WAIT**

Mailing Address 658 NORTH BROADWAY

City State Zip Code  
SARATOGA SPRINGS NY 12866-1624

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

Name of Employer Occupation  
THE ADIRONDACK TRUST COMPANY CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : SA11.1040**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FREDERICK R. WARD**

Mailing Address 64 SUNNYSIDE ROAD

City State Zip Code  
PLATTSBURGH NY 12901-7023

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

Name of Employer Occupation  
SELF EMPLOYED (FORMERLY) RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2014

**Transaction ID : SA11.1048**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FREDERICK R. WARD**

Mailing Address 64 SUNNYSIDE ROAD

City State Zip Code  
PLATTSBURGH NY 12901-7023

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

Name of Employer Occupation  
SELF EMPLOYED (FORMERLY) RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 28 / 2014

**Transaction ID : SA11.1585**

Amount of Each Receipt this Period  
100.00  
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 36 OF 108
	<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)  
**WILLIAM WARREN**

Mailing Address 6621 JILL COURT

City State Zip Code  
MCLEAN VA 22101-1613

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

Name of Employer Occupation  
PAUL WEISS 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 / 07 / 2014

**Transaction ID : SA11.1078**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JARED WEINSTEIN**

Mailing Address 61 JANE STREET

City State Zip Code  
NEW YORK NY 10014-5107

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

Name of Employer Occupation  
THRIVE CAPITAL VENTURE CAPITAL

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 / 29 / 2014

**Transaction ID : SA11.1591**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 7 HELEN STREET

City State Zip Code  
PLATTSBURGH NY 12901-3322

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.1608**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 108
	<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)  
**JOHN C. WHITEHEAD**

Mailing Address **666 FIFTH AVE**

City **NEW YORK** State **NY** Zip Code **10103-0001**

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  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11.1147**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** 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 **SELF-EMPLOYED** 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  
**05 / 19 / 2014**

**Transaction ID : SA11.1180**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SBA LIST CANDIDATE FUND**

Mailing Address **1707 L STREET NW  
SUITE 550**

City **WASHINGTON** State **DC** Zip Code **20036-4212**

FEC ID number of contributing federal political committee. **C C00332296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10321.66**

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

**Transaction ID : SA11.1259**

Amount of Each Receipt this Period  
**8542.16**  
**[MEMO ITEM]**

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

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

**2700.00**

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

Form/Schedule: SA11AI

Transaction ID : SA11.1259

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT EFFECTED.

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: PAGE 39 OF 108  
(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)  
**JEAN SYNOVIC**

Mailing Address  
38871 N GILBERT AVE

City State Zip Code  
BEACH PARK IL 60099-3538

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.1555**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

EARMARKED FROM SBA LIST CANDIDATE FUND

**B.** Full Name (Last, First, Middle Initial)  
**SBA LIST CANDIDATE FUND**

Mailing Address 1707 L STREET NW  
SUITE 550

City State Zip Code  
WASHINGTON DC 20036-4212

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10321.66

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

**Transaction ID : SA11.1570**

Amount of Each Receipt this Period  
130.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**SBA LIST CANDIDATE FUND**

Mailing Address 1707 L STREET NW  
SUITE 550

City State Zip Code  
WASHINGTON DC 20036-4212

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10321.66

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

**Transaction ID : SA11.1750**

Amount of Each Receipt this Period  
646.00

[MEMO ITEM]

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

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

250.00

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

Form/Schedule: SA11AI

Transaction ID : SA11.1570

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

Form/Schedule: SA11AI

Transaction ID: SA11.1750

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.



**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 108
	<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)  
**SBA LIST CANDIDATE FUND**

Mailing Address 1707 L STREET NW  
SUITE 550

City WASHINGTON State DC Zip Code 20036-4212

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10321.66

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

**Transaction ID : SA11.1769**

Amount of Each Receipt this Period  
968.50

**[MEMO ITEM]**

**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).....

0.00

56434.33

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

Form/Schedule: SA11AI

Transaction ID : SA11.1769

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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: PAGE 43 OF 108  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN ST 237

City State Zip Code  
INDIANAPOLIS IN 46260-1308

FEC ID number of contributing federal political committee. **C C00500207**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11.1692**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1932 WYNNTON RD

City State Zip Code  
COLUMBUS GA 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.1716**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1201 15TH STREET NW

City State Zip Code  
WASHINGTON DC 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.1624**

Amount of Each Receipt this Period  
 1000.00  
 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

(check only one)

<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) <b>A. DIANE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address PO BOX 1437		<b>Transaction ID : SA11.1113</b>	
City GALLATIN	State TN	Zip Code 37066-1437	
FEC ID number of contributing federal political committee. C C00499996		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer Occupation		Election Cycle-to-Date 2500.00	
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) <b>B. DIANE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address PO BOX 1437		<b>Transaction ID : SA11.1717</b>	
City GALLATIN	State TN	Zip Code 37066-1437	
FEC ID number of contributing federal political committee. C C00499996		Amount of Each Receipt this Period 1500.00 CONTRIBUTION	
Name of Employer Occupation		Election Cycle-to-Date 2500.00	
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) <b>C. KOCH INDUSTRIES INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 600 14TH ST NW SUITE 800		<b>Transaction ID : SA11.1623</b>	
City WASHINGTON	State DC	Zip Code 20005-2099	
FEC ID number of contributing federal political committee. C C00236489		Amount of Each Receipt this Period 5000.00 CONTRIBUTION	
Name of Employer Occupation		Election Cycle-to-Date 5000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 108
	<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)  
**NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW STE 300

City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

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  
 05 / 21 / 2014

**Transaction ID : SA11.1252**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PECKHAM INDUSTRIES INC. FEDERAL PAC**

Mailing Address 20 HAARLEM AVE

City WHITE PLAINS State NY Zip Code 10603-2223

FEC ID number of contributing federal political committee. **C C00343681**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11.1148**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SBA LIST CANDIDATE FUND**

Mailing Address 1707 L STREET NW SUITE 550

City WASHINGTON State DC Zip Code 20036-4212

FEC ID number of contributing federal political committee. **C C00332296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10321.66

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

**Transaction ID : SA11.1566**

Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**[MEMO ITEM]**

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

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

7500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11.1566

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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 47 OF 108
	<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)  
**SHE PAC**

Mailing Address **PO BOX 7439**

City **ARLINGTON** State **VA** Zip Code **22207-0439**

FEC ID number of contributing federal political committee. **C C00512020**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11.1715**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

Mailing Address **1707 L STREET NQ STE 750**

City **WASHINGTON** State **DC** Zip Code **20036-4226**

FEC ID number of contributing federal political committee. **C C00332296**

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  
**05 / 16 / 2014**

**Transaction ID : SA11.1146**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE FREEDOM PROJECT**

Mailing Address **320 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003-1838**

FEC ID number of contributing federal political committee. **C C00305805**

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  
**05 / 16 / 2014**

**Transaction ID : SA11.1149**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

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

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

**8000.00**

**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 108
	<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)  
**UNUM PAC**

Mailing Address **1 FOUNTAIN SQUARE**

City **CHATTANOOGA** State **TN** Zip Code **37402-1307**

FEC ID number of contributing federal political committee. **C C00177436**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : SA11.1121**

Amount of Each Receipt this Period  
**2000.00**  
 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 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).....

**2000.00**

**27500.00**



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

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

FOR LINE NUMBER: PAGE 49 OF 108

(check only one)

<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**

Full Name (Last, First, Middle Initial) <b>ELISE M STEFANIK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014	
Mailing Address 134 LAKE SHORE DR		<b>Transaction ID : SA11D.93</b>	
City WILLSBORO	State NY	Zip Code 12996	Amount of Each Receipt this Period _____ 3239.35 IN-KIND CONTRIBUTIONS
FEC ID number of contributing federal political committee. C H4NY21079		Name of Employer PREMIUM PLYWOOD	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation NORTHERN NY SALES/MARKETING/MANAG	
Election Cycle-to-Date _____ 60067.26		Name of Employer PREMIUM PLYWOOD	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3239.35
<b>TOTAL</b> This Period (last page this line number only).....	_____ 3239.35

**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 50 OF 108
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**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  
**60067.26**

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

**Transaction ID : SA13A.94**

Amount of Each Receipt this Period  
**20000.00**  
 CANDIDATE LOAN FROM PERSONAL FUNDS

**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).....

**20000.00**

**20000.00**

**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 51 OF 108			
	<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) <b>A. ELISE M STEFANIK</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 134 LAKE SHORE DR		Amount of Each Disbursement this Period 3239.35 <b>Transaction ID : SB17.I87</b>
City WILLSBORO	State NY	
Zip Code 12996	Purpose of Disbursement INKIND- SEE DETAIL BELOW	Category/ Type
Candidate Name <b>ELISE M STEFANIK</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 50 MASSACHUSETTS AVE.		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.I92</b> <b>[MEMO ITEM]</b>
City WASHINGTON	State DC	
Zip Code 20002	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)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HARVARD CLUB</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 27 W 44TH STREET		Amount of Each Disbursement this Period 2644.05 <b>Transaction ID : SB17.I89</b> <b>[MEMO ITEM]</b>
City NEW YORK	State NY	
Zip Code 10036	Purpose of Disbursement INKIND- FACILITY RENTAL/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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3239.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 108			
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 48.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement INKIND- POSTAGE	Transaction ID : SB17.I88
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>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 140 W STREET		Amount of Each Disbursement this Period 267.39
City NEW YORK	State NY	
Zip Code 10007	Purpose of Disbursement INKIND- TELEPHONE SERVICE	Transaction ID : SB17.I91
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>C. EMILY BARBER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 19 GOLF COURSE RD		Amount of Each Disbursement this Period 60.00
City MALONE	State NY	
Zip Code 12953	Purpose of Disbursement DATA ENTRY	Transaction ID : SB17.I23
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 108	
	<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) <b>A. EMILY BARBER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address <b>19 GOLF COURSE RD</b>		Amount of Each Disbursement this Period <b>186.44</b>
City <b>MALONE</b> State <b>NY</b> Zip Code <b>12953</b>	Purpose of Disbursement <b>POLITICAL VOTER CONTACT SERVICES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.199</b>
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>B. ALEXANDER BENARD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2014</b>
Mailing Address <b>1168 CHAIN BRIDGE RD</b>		Amount of Each Disbursement this Period <b>1436.70</b>
City <b>MCLEAN</b> State <b>VA</b> Zip Code <b>22101</b>	Purpose of Disbursement <b>CATERING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.128</b>
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>C. TABARD INN RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2014</b>
Mailing Address <b>1739 N ST NW</b>		Amount of Each Disbursement this Period <b>1436.70</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20036</b>	Purpose of Disbursement <b>CATERING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17M.789</b> <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1623.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 108			
	<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) <b>A. JULIE CHLOPECKI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1547 EVERS DR		Amount of Each Disbursement this Period 455.94
City MCLEAN	State VA	
Zip Code 22101-5006	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1840
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)	IN-KIND FOOD/BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GARTH CURTIS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address SMC #1421 23 ROMODA DR		Amount of Each Disbursement this Period 640.50
City CANTON	State NY	
Zip Code 13617	Purpose of Disbursement DATA ENTRY	Transaction ID : SB17.144
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>C. GARTH CURTIS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address SMC #1421 23 ROMODA DR		Amount of Each Disbursement this Period 718.58
City CANTON	State NY	
Zip Code 13617	Purpose of Disbursement CAMPAIGN CONSULTING	Transaction ID : SB17.200
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1815.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 108			
	<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) <b>A. GARTH CURTIS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address SMC #1421 23 ROMODA DR		Amount of Each Disbursement this Period 135.68 <b>Transaction ID : SB17.268</b>
City CANTON State NY Zip Code 13617	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATT MASTERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 533 E 8TH AVE		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.193</b>
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement POLITICAL STRATEGY 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>C. MATT MASTERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 533 E 8TH AVE		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.194</b>
City TALLAHASSEE State FL Zip Code 32301	Purpose of Disbursement POLITICAL STRATEGY 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14135.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 108			
	<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) <b>A. MATT MASTERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 533 E 8TH AVE		Amount of Each Disbursement this Period 7000.00
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.195
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>B. MATT MASTERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 533 E 8TH AVE		Amount of Each Disbursement this Period 1186.48
City TALLAHASSEE	State FL	
Zip Code 32301	Purpose of Disbursement TRAVEL	Transaction ID : SB17.246
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>C. ENTERPRISE RENT-A-CAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 737 ALBANY SHAKER RD		Amount of Each Disbursement this Period 1186.48
City LATHAM	State NY	
Zip Code 12211	Purpose of Disbursement TRAVEL	Transaction ID : SB17M.790
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8186.48
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 108			
	<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) <b>A. ANTHONY PILEGGI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 1 2 3 4 5 6 7 8 9 0 5138.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	<b>Transaction ID : SB17.196</b>
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>B. ANTHONY PILEGGI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 1 2 3 4 5 6 7 8 9 0 4881.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	<b>Transaction ID : SB17.197</b>
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>C. ANTHONY PILEGGI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 1 2 3 4 5 6 7 8 9 0 4680.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	<b>Transaction ID : SB17.198</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14699.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. HENRY PRESTON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address SMC #1850 ST. LAWRENCE UNIVERSITY			Amount of Each Disbursement this Period 80.00
City CANTON	State NY	Zip Code 13617	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type	<b>Transaction ID : SB17.201</b>
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>B. HENRY PRESTON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address SMC #1850 ST. LAWRENCE UNIVERSITY			Amount of Each Disbursement this Period 105.00
City CANTON	State NY	Zip Code 13617	
Purpose of Disbursement TRAVEL		Category/ Type	<b>Transaction ID : SB17.240</b>
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>C. MICHAEL RING</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 12485 CO. RT. 66			Amount of Each Disbursement this Period 203.39
City ADAMS CENTER	State NY	Zip Code 13606-	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	<b>Transaction ID : SB17.1841</b>
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)		IN-KIND FOOD/BEVERAGES
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	388.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 108	
	<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) <b>A. EMILY TRAPANI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 4847 ENDERS ROAD		Amount of Each Disbursement this Period 385.94 <b>Transaction ID : SB17.143</b>
City MANLIUS	State NY	
Zip Code 13104	Purpose of Disbursement DATA ENTRY	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>B. DOUGLAS WELLS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 280 SARATOGA AVE		Amount of Each Disbursement this Period 225.49 <b>Transaction ID : SB17.235</b>
City COHOES	State NY	
Zip Code 12047	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>C. AMERICAN EXPRESS</b>		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 <b>Transaction ID : SB17.132</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 108			
	<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) <b>A. AMERICAN EXPRESS</b>			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 383.13 <b>Transaction ID : SB17.133</b>
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>B. AMERICAN EXPRESS</b>			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 <b>Transaction ID : SB17.136</b>
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>C. AMERICAN EXPRESS</b>			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 373.25 <b>Transaction ID : SB17.137</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	764.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 108	
	<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) <b>A. AMERICAN EXPRESS</b>		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 FEES		<b>Transaction ID : SB17.141</b>
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>B. AMERICAN VIEWPOINT INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 300 NORTH LEE STREET STE 400		Amount of Each Disbursement this Period 21500.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement SURVEY RESEARCH		<b>Transaction ID : SB17.227</b>
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>C. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 99.00
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement TRAVEL		<b>Transaction ID : SB17.230</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21606.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 108			
	<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) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 111.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.231</b>
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>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 8.50
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.232</b>
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>C. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 147.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.233</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	266.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 108			
	<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) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.244</b>
City WASHINGTON	State DC	
Zip Code 20002	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>B. BEST WESTERN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 90 E MAIN ST		Amount of Each Disbursement this Period 183.14 <b>Transaction ID : SB17.236</b>
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) <b>C. BEST WESTERN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 90 E MAIN ST		Amount of Each Disbursement this Period 183.14 <b>Transaction ID : SB17.237</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	465.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 108			
	<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) <b>A. BLUE MOOSE TAVERN &amp; RESTURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1300 STATE ROUTE 9		Amount of Each Disbursement this Period 24.40
City LAKE GEORGE State NY Zip Code 12845	Purpose of Disbursement FOOD/BEVERAGES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.159</b>
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>B. BYRNE DAIRY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 19598 CADY RD		Amount of Each Disbursement this Period 30.40
City ADAMS CENTER State NY Zip Code 13606	Purpose of Disbursement FOOD/BEVERAGES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.158</b>
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>C. CAMPAIGNHQ</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 700 PLEASANT ST		Amount of Each Disbursement this Period 12542.00
City BROOKLYN State IA Zip Code 52211	Purpose of Disbursement MESSAGE PHONE CALLS	
Candidate Name	Category/Type	<b>Transaction ID : SB17.269</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12596.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 108			
	<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) <b>A. CAPITOL RESOURCES INC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>700 PLEASANT ST</b>			Amount of Each Disbursement this Period <b>231.50</b> Transaction ID : <b>SB17.213</b>
City <b>BROOKLYN</b>	State <b>IA</b>	Zip Code <b>52211</b>	
Purpose of Disbursement <b>PRINTING</b>		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>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>1593 SPRING HILL RD STE 400</b>			Amount of Each Disbursement this Period <b>718.35</b> Transaction ID : <b>SB17.131</b>
City <b>TYSONS CORNER</b>	State <b>VA</b>	Zip Code <b>22182</b>	
Purpose of Disbursement <b>CREDIT CARD MERCHANT FEES</b>		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>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 29 / 2014</b>
Mailing Address <b>1593 SPRING HILL RD STE 400</b>			Amount of Each Disbursement this Period <b>603.00</b> Transaction ID : <b>SB17.135</b>
City <b>TYSONS CORNER</b>	State <b>VA</b>	Zip Code <b>22182</b>	
Purpose of Disbursement <b>CREDIT CARD MERCHANT FEES</b>		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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1552.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 108			
	<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
<b>A. CMDI</b>		M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		<b>Transaction ID : SB17.139</b>
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<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>B. CMDI</b>		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 486.63
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		<b>Transaction ID : SB17.140</b>
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<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>C. CMDI</b>		M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		<b>Transaction ID : SB17.145</b>
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2082.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 108			
	<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) <b>A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2014</b>
Mailing Address <b>PO BOX 365</b>		Amount of Each Disbursement this Period <b>1525.00</b> <b>Transaction ID : SB17.129</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	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>B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2014</b>
Mailing Address <b>PO BOX 365</b>		Amount of Each Disbursement this Period <b>1571.00</b> <b>Transaction ID : SB17.130</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING/POSTAGE</b>	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>C. CRANIAL SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2014</b>
Mailing Address <b>104 EVERETT RD STE A</b>		Amount of Each Disbursement this Period <b>2225.00</b> <b>Transaction ID : SB17.210</b>
City <b>ALBANY</b>	State <b>NY</b>	
Zip Code <b>12205</b>	Purpose of Disbursement <b>PRINTING</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5321.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 108			
	<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) <b>A. CRANIAL SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 104 EVERETT RD STE A			Amount of Each Disbursement this Period 2767.00 <b>Transaction ID : SB17.211</b>
City ALBANY	State NY	Zip Code 12205	
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) <b>B. CRANIAL SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 104 EVERETT RD STE A			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.214</b>
City ALBANY	State NY	Zip Code 12205	
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) <b>C. CRANIAL SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 104 EVERETT RD STE A			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.215</b>
City ALBANY	State NY	Zip Code 12205	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3517.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 108			
	<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) <b>A. CSC CAPITAL LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 38 CONDON RD		Amount of Each Disbursement this Period 5500.00
City STILLWATER	State NY	
Zip Code 12170	Purpose of Disbursement FINANCE CONSULTING	Transaction ID : SB17.151
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>B. CSC CAPITAL LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 38 CONDON RD		Amount of Each Disbursement this Period 5500.00
City STILLWATER	State NY	
Zip Code 12170	Purpose of Disbursement FINANCE CONSULTING	Transaction ID : SB17.152
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>C. CURTIS LUMBER COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 140 TOM MILLER RD		Amount of Each Disbursement this Period 282.29
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement LUMBER/SIGNS	Transaction ID : SB17.170
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11282.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 108			
	<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) <b>A. CUSTOM GRAPHICS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 632 ROUTE 146A		Amount of Each Disbursement this Period 2970.11 <b>Transaction ID : SB17.216</b>
City CLIFTON PARK	State NY	
Zip Code 12065	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:	

Full Name (Last, First, Middle Initial) <b>B. DOWNHILL GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 74 MAIN STREET		Amount of Each Disbursement this Period 69.35 <b>Transaction ID : SB17.161</b>
City SARANAC LAKE	State NY	
Zip Code 12983	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) <b>C. EXXONMOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 63.01 <b>Transaction ID : SB17.239</b>
City FAIRFAX	State VA	
Zip Code 22037	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3102.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 108			
	<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) <b>A. EXXONMOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 46.05
City FAIRFAX	State VA	
Zip Code 22037	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.251</b>
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>B. EXXONMOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 71.08
City FAIRFAX	State VA	
Zip Code 22037	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.254</b>
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>C. EXXONMOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 45.01
City FAIRFAX	State VA	
Zip Code 22037	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.263</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 108		
	<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) <b>A. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 285.74 <b>Transaction ID : SB17.241</b>
City WATERTOWN	State NY	
Zip Code 13601	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>B. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 285.74 <b>Transaction ID : SB17.242</b>
City WATERTOWN	State NY	
Zip Code 13601	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>C. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 131.79 <b>Transaction ID : SB17.248</b>
City WATERTOWN	State NY	
Zip Code 13601	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	703.27
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 108			
	<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) <b>A. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 641.19 <b>Transaction ID : SB17.249</b>
City WATERTOWN	State NY	
Zip Code 13601	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>B. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 254.70 <b>Transaction ID : SB17.265</b>
City WATERTOWN	State NY	
Zip Code 13601	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>C. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 254.70 <b>Transaction ID : SB17.266</b>
City WATERTOWN	State NY	
Zip Code 13601	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	641.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 108	
	<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
<b>A. FEDEX</b>		M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 21 CONGRESS STREET #101		Amount of Each Disbursement this Period
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement DELIVERY	Category/Type	
Candidate Name	Transaction ID : SB17.146	
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:	Amount of Each Disbursement this Period	
		88.80

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. FEDEX</b>		M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 21 CONGRESS STREET #101		Amount of Each Disbursement this Period
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement DELIVERY	Category/Type	
Candidate Name	Transaction ID : SB17.147	
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:	Amount of Each Disbursement this Period	
		264.24

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. FIRST NIAGARA BANK</b>		M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period
City LOCKPORT	State NY	Zip Code 14095
Purpose of Disbursement BANK FEES	Category/Type	
Candidate Name	Transaction ID : SB17.124	
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:	Amount of Each Disbursement this Period	
		129.96

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	483.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 108			
	<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) <b>A. FIRST NIAGARA BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.125</b>
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>B. FIRST NIAGARA BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 101.66 <b>Transaction ID : SB17.126</b>
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>C. FIRST NIAGARA BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : SB17.127</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	276.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 108			
	<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) <b>A. FRIENDS OF THE NRA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 11250 WAPLES MILL RD		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.221</b>
City RESTON State VA Zip Code 22030	Purpose of Disbursement REGISTRATION FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GLENS FALLS PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 51 HUDSON AVE		Amount of Each Disbursement this Period 2020.05 <b>Transaction ID : SB17.212</b>
City GLENS FALLS State NY Zip Code 12801	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) <b>C. GREATER WATERTOWN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 245 WASHINGTON ST		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.245</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2120.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 108	
	<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) <b>A. GREATER WATERTOWN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>245 WASHINGTON ST</b>			Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : SB17.247</b>
City <b>WATERTOWN</b>	State <b>NY</b>	Zip Code <b>13601</b>	
Purpose of Disbursement <b>TRAVEL</b>		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>B. GULF OIL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 07 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>			Amount of Each Disbursement this Period <b>55.56</b> <b>Transaction ID : SB17.229</b>
City <b>CLIFTON PARK</b>	State <b>NY</b>	Zip Code <b>12065</b>	
Purpose of Disbursement <b>TRAVEL</b>		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>C. GULF OIL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 27 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>			Amount of Each Disbursement this Period <b>62.50</b> <b>Transaction ID : SB17.256</b>
City <b>CLIFTON PARK</b>	State <b>NY</b>	Zip Code <b>12065</b>	
Purpose of Disbursement <b>TRAVEL</b>		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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>138.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 108			
	<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) <b>A. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1529 CRESCENT RD		Amount of Each Disbursement this Period 1.73 <b>Transaction ID : SB17.260</b>
City CLIFTON PARK	State NY	
Zip Code 12065	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>B. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1529 CRESCENT RD		Amount of Each Disbursement this Period 56.61 <b>Transaction ID : SB17.261</b>
City CLIFTON PARK	State NY	
Zip Code 12065	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>C. H J OPDYKE LUMBER CO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 900 FRENCHTOWN RD		Amount of Each Disbursement this Period 299.54 <b>Transaction ID : SB17.223</b>
City MILFORD	State NJ	
Zip Code 08848	Purpose of Disbursement SIGNS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	357.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 108			
	<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) <b>A. HANNAFORD SUPERMARKET</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 175 BROAD ST		Amount of Each Disbursement this Period 19.98
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.160
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>B. HESS EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 7961 BREWERTON RD		Amount of Each Disbursement this Period 53.00
City CICERO	State NY	
Zip Code 13039	Purpose of Disbursement TRAVEL	Transaction ID : SB17.267
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>C. I360 LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 1200.00
City BALTIMORE	State MD	
Zip Code 21297	Purpose of Disbursement SUBSCRIPTIONS	Transaction ID : SB17.224
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1272.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 108			
	<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) <b>A. I360 LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014		
Mailing Address PO BOX 37046			Amount of Each Disbursement this Period 350.00		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SB17.226		
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. IMGE LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014		
Mailing Address 603 KING ST 4TH FL			Amount of Each Disbursement this Period 4000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.148		
Purpose of Disbursement DIGITAL 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>C. IMGE LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 603 KING ST 4TH FL			Amount of Each Disbursement this Period 1537.32		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.149		
Purpose of Disbursement DIGITAL 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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5887.32
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 108			
	<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) <b>A. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 23 / 2014</b>
Mailing Address <b>603 KING ST 4TH FL</b>		Amount of Each Disbursement this Period <b>1650.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b> Zip Code <b>22314</b>	
Purpose of Disbursement <b>DIGITAL CONSULTING</b>	Candidate Name	<b>Transaction ID : SB17.150</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 07 / 2014</b>
Mailing Address <b>4055 CORPORATE DR STE 100</b>		Amount of Each Disbursement this Period <b>29.11</b>
City <b>GRAPEVINE</b>	State <b>TX</b> Zip Code <b>76051</b>	
Purpose of Disbursement <b>OFFICE SUPPLIES</b>	Candidate Name	<b>Transaction ID : SB17.182</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2014</b>
Mailing Address <b>4055 CORPORATE DR STE 100</b>		Amount of Each Disbursement this Period <b>29.11</b>
City <b>GRAPEVINE</b>	State <b>TX</b> Zip Code <b>76051</b>	
Purpose of Disbursement <b>SUBSCRIPTIONS</b>	Candidate Name	<b>Transaction ID : SB17.225</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1708.22</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 108			
	<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) <b>A. JAMES E WALSH ESQ</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.164</b>
City BALLSTON SPA	State NY	
Zip Code 12020	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>B. JAMES E WALSH ESQ</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 6500.00 <b>Transaction ID : SB17.167</b>
City BALLSTON SPA	State NY	
Zip Code 12020	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>C. LAKE PLACID VILLAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 26933 MAIN STREET		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB17.238</b>
City LAKE PLACID	State NY	
Zip Code 12946	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8001.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 108			
	<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. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 4489.92

Transaction ID : SB17.217

Full Name (Last, First, Middle Initial)

**B. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 14 / 2014

Amount of Each Disbursement this Period: 8577.54

Transaction ID : SB17.218

Full Name (Last, First, Middle Initial)

**C. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

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: 7079.59

Transaction ID : SB17.219

**SUBTOTAL** of Disbursements This Page (optional)..... 20147.05

**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 84 OF 108			
	<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) <b>A. MEDIA AD VENTURES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 10000.00
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Transaction ID : SB17.171
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>B. MEDIA AD VENTURES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 5000.00
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Transaction ID : SB17.172
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>C. MEDIA AD VENTURES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 23000.00
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Transaction ID : SB17.174
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 108			
	<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) <b>A. MEDIA AD VENTURES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 26550.00
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Transaction ID : SB17.176
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>B. MEDIA AD VENTURES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 5200.00
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Transaction ID : SB17.177
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>C. MEDIA AD VENTURES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 8136 OLD KEENE MILL RD STE A-300		Amount of Each Disbursement this Period 13100.00
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement MEDIA	Transaction ID : SB17.179
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 108			
	<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
<b>A. MERCHANT SOLUTIONS</b>		M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 920 N ARGONNE STE 200		Amount of Each Disbursement this Period
City SPOKANE	State WA	Zip Code 99212
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/Type	
Candidate Name	Transaction ID : SB17.134	
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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. MERCHANT SOLUTIONS</b>		M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 920 N ARGONNE STE 200		Amount of Each Disbursement this Period
City SPOKANE	State WA	Zip Code 99212
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/Type	
Candidate Name	Transaction ID : SB17.138	
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>C. MERCHANT SOLUTIONS</b>		M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 920 N ARGONNE STE 200		Amount of Each Disbursement this Period
City SPOKANE	State WA	Zip Code 99212
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/Type	
Candidate Name	Transaction ID : SB17.142	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1550.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 108			
	<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) <b>A. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 6033 SAINT LAWRENCE CENTER		Amount of Each Disbursement this Period 107.80 <b>Transaction ID : SB17.183</b>
City MASSENA	State NY	
Zip Code 13662	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>B. PIZZERIA NEW YORK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 83 E MAIN ST		Amount of Each Disbursement this Period 16.42 <b>Transaction ID : SB17.154</b>
City GOUVERNEUR	State NY	
Zip Code 13642	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) <b>C. POLAR EXPRESS TRANSPORTATION SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 7244 STATE ROUTE 30		Amount of Each Disbursement this Period 958.50 <b>Transaction ID : SB17.228</b>
City SARANAC LAKE	State NY	
Zip Code 12983	Purpose of Disbursement TRANSPORTATION SERVICE	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1082.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 108		
	<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) <b>A. RED OCTOBER PRODUCTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address <b>575 MAIN STREET STE 251</b>		Amount of Each Disbursement this Period <b>5528.30</b>
City <b>LAUREL</b> State <b>MD</b> Zip Code <b>20707</b>	Category/Type	
Purpose of Disbursement <b>MEDIA</b>		Transaction ID : <b>SB17.173</b>
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>B. RED OCTOBER PRODUCTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 23 / 2014</b>
Mailing Address <b>575 MAIN STREET STE 251</b>		Amount of Each Disbursement this Period <b>14065.13</b>
City <b>LAUREL</b> State <b>MD</b> Zip Code <b>20707</b>	Category/Type	
Purpose of Disbursement <b>MEDIA</b>		Transaction ID : <b>SB17.178</b>
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>C. SCM ASSOCIATES INC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2014</b>
Mailing Address <b>1283 MAIN STREET PO BOX 254</b>		Amount of Each Disbursement this Period <b>12326.40</b>
City <b>DUBLIN</b> State <b>NH</b> Zip Code <b>03444</b>	Category/Type	
Purpose of Disbursement <b>LIST RENTAL/PRINTING/POSTAGE</b>		Transaction ID : <b>SB17.168</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>31919.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 108			
	<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) <b>A. SCM ASSOCIATES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 8161.00
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement LIST RENTAL/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)		Transaction ID : SB17.169
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SINGULARIS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO BOX 9265		Amount of Each Disbursement this Period 3867.96
City SHAWNEE MISSION State KS Zip Code 66201	Purpose of Disbursement PRINTING/POSTAGE/WEB 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)		Transaction ID : SB17.220
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 230.00
City DALLAS State TX Zip Code 75235	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)		Transaction ID : SB17.234
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12258.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 108			
	<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) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 428.00 <b>Transaction ID : SB17.243</b>
City DALLAS State TX Zip Code 75235	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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 190.46 <b>Transaction ID : SB17.181</b>
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
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>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 126.26 <b>Transaction ID : SB17.184</b>
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	744.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 108			
	<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) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 34.73
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.185
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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 391.59
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.186
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>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 171.92
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.187
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	598.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 108			
	<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) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 31.86
City QUEENSBURY	State NY	
Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.188
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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 55.39
City QUEENSBURY	State NY	
Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.189
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>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 117.60
City QUEENSBURY	State NY	
Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.192
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	204.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 108			
	<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) <b>A. STEWARTS SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 39.00 <b>Transaction ID : SB17.252</b>
City PLATTSBURGH	State NY	
Zip Code 12901	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>B. STEWARTS SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 52.51 <b>Transaction ID : SB17.258</b>
City PLATTSBURGH	State NY	
Zip Code 12901	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>C. STEWARTS SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 56.02 <b>Transaction ID : SB17.259</b>
City PLATTSBURGH	State NY	
Zip Code 12901	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	147.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 108			
	<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) <b>A. STRATEGIC PARTNERS &amp; MEDIA INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 575 MAIN ST STE 251			Amount of Each Disbursement this Period 834.01 <b>Transaction ID : SB17.255</b>
City LAUREL	State MD	Zip Code 20707	
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>B. SUNOCO</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 353 N PETERSBORO ST I-90			Amount of Each Disbursement this Period 59.50 <b>Transaction ID : SB17.250</b>
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>C. SUNOCO</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 353 N PETERSBORO ST I-90			Amount of Each Disbursement this Period 65.44 <b>Transaction ID : SB17.257</b>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	958.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 108			
	<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) <b>A. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 39.68 <b>Transaction ID : SB17.262</b>
City CANASTOTA	State NY	
Zip Code 13032	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>B. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 57.93 <b>Transaction ID : SB17.264</b>
City CANASTOTA	State NY	
Zip Code 13032	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>C. THE HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 820 US 9		Amount of Each Disbursement this Period 28.43 <b>Transaction ID : SB17.190</b>
City QUEENSBURY	State NY	
Zip Code 12804	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	126.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 108			
	<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) <b>A. THE HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 820 US 9		Amount of Each Disbursement this Period 28.13 <b>Transaction ID : SB17.191</b>
City QUEENSBURY	State NY	
Zip Code 12804	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>B. THE POLITICAL NETWORK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 225 EAST 85TH STREET STE 306		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.180</b>
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement MESSAGE PHONE CALLS	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>C. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 3271.25 <b>Transaction ID : SB17.153</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FINANCE 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7299.38
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 108			
	<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										
<b>A. USPS</b>		<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>05</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		06		2014
M M	/	D D	/	Y Y Y Y								
05		06		2014								
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period										
City	State Zip Code											
GLENS FALLS	NY 12801	<table border="1"> <tr> <td>1960.00</td> </tr> </table>	1960.00									
1960.00												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.202</b>										
POSTAGE												
Candidate Name												
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>B. USPS</b>		<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>05</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		16		2014
M M	/	D D	/	Y Y Y Y								
05		16		2014								
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period										
City	State Zip Code											
GLENS FALLS	NY 12801	<table border="1"> <tr> <td>51.85</td> </tr> </table>	51.85									
51.85												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.203</b>										
POSTAGE												
Candidate Name												
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>C. USPS</b>		<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>05</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		17		2014
M M	/	D D	/	Y Y Y Y								
05		17		2014								
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period										
City	State Zip Code											
GLENS FALLS	NY 12801	<table border="1"> <tr> <td>196.00</td> </tr> </table>	196.00									
196.00												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.204</b>										
POSTAGE												
Candidate Name												
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:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2207.85</td> </tr> </table>	2207.85
2207.85		
<b>TOTAL</b> 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 108			
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period ..... 19.99
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	<b>Transaction ID : SB17.205</b>
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period ..... 5.60
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	<b>Transaction ID : SB17.206</b>
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>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period ..... 34.35
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	<b>Transaction ID : SB17.207</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 59.94
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 108			
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 14.25
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.208
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 13.23
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.209
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>C. UTICA FIRST INSURANCE COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 5981 AIRPORT RD		Amount of Each Disbursement this Period 156.00
City ORISKANY	State NY	
Zip Code 13424	Purpose of Disbursement INSURANCE	Transaction ID : SB17.162
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	183.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 108	
	<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) <b>A. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>891 STATE ROUTE 9</b>		Amount of Each Disbursement this Period <b>207.45</b>
City <b>QUEENSBURY</b> State <b>NY</b> Zip Code <b>12804</b>	Purpose of Disbursement <b>FOOD/BEVERAGE/OFFICE SUPPLIES</b>	
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)	<b>Transaction ID : SB17.155</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 23 / 2014</b>
Mailing Address <b>891 STATE ROUTE 9</b>		Amount of Each Disbursement this Period <b>77.66</b>
City <b>QUEENSBURY</b> State <b>NY</b> Zip Code <b>12804</b>	Purpose of Disbursement <b>FOOD/BEVERAGE/OFFICE SUPPLIES</b>	
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)	<b>Transaction ID : SB17.156</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 27 / 2014</b>
Mailing Address <b>891 STATE ROUTE 9</b>		Amount of Each Disbursement this Period <b>52.00</b>
City <b>QUEENSBURY</b> State <b>NY</b> Zip Code <b>12804</b>	Purpose of Disbursement <b>FOOD/BEVERAGE/OFFICE SUPPLIES</b>	
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)	<b>Transaction ID : SB17.157</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>337.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 108	
	<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) <b>A. WASHINGTON STREET PROPERTIES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 215 WASHINGTON ST STE 001		Amount of Each Disbursement this Period 1677.41 <b>Transaction ID : SB17.222</b>
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement RENT	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>B. WILEY REIN LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1776 K ST NW		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.163</b>
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>C. WILEY REIN LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1776 K ST NW		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.165</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6677.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 108			
	<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) <b>A. WILEY REIN LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2014</b>
Mailing Address <b>1776 K ST NW</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20006</b>	Purpose of Disbursement <b>LEGAL CONSULTING</b>	<b>Transaction ID : SB17.166</b>
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>B. WILTON ELKS LODGE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 20 / 2014</b>
Mailing Address <b>1 ELKS LN</b>		Amount of Each Disbursement this Period <b>53.50</b>
City <b>SARATOGA SPRINGS</b>	State <b>NY</b>	
Zip Code <b>12866</b>	Purpose of Disbursement <b>TRAVEL</b>	<b>Transaction ID : SB17.253</b>
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>C. WOMEN'S REPUBLICAN CLUB OF SARATOGA COUNTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 06 / 2014</b>
Mailing Address <b>PO BOX 148</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>BALLSTON SPA</b>	State <b>NY</b>	
Zip Code <b>12020</b>	Purpose of Disbursement <b>MEDIA</b>	<b>Transaction ID : SB17.175</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2853.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>301050.60</b>

**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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	15000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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 C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Elise for Congress** Transaction ID : **SC.1234**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Elise M. Stefanik</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
20000.00	0.00	20000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
05 / 30 / 2014	ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	35000.00

**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 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC.1234

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**

(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  
**CSC CAPITAL LLC**

Nature of Debt (Purpose):  
**FINANCE CONSULTING**

Mailing Address **PO BOX 4393**

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

Outstanding Balance Beginning This Period

**5500.00**

**Transaction ID : SD10.35**

Amount Incurred This Period

**5500.00**

Payment This Period

**11000.00**

Outstanding Balance at Close of This Period

**0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**IMGE LLC**

Nature of Debt (Purpose):  
**DIGITAL CONSULTING**

Mailing Address **603 KING ST 4TH FL**

City State Zip Code  
**ALEXANDRIA VA 22314**

Outstanding Balance Beginning This Period

**4000.00**

**Transaction ID : SD10.37**

Amount Incurred This Period

**3187.32**

Payment This Period

**7187.32**

Outstanding Balance at Close of This Period

**0.00**

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 State Zip Code  
**PONTE VEDRA BEACH FL 32082**

Outstanding Balance Beginning This Period

**4489.92**

**Transaction ID : SD10.36**

Amount Incurred This Period

**26855.84**

Payment This Period

**20147.05**

Outstanding Balance at Close of This Period

**11198.71**

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 2) **TOTALS** This Period (last page this line number only) ..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**11198.71**