

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CHRIS GIBSON FOR CONGRESS

ADDRESS (number and street) PO BOX 255 KINDERHOOK NY 12106

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00477984 3. IS THIS REPORT NEW (N) OR AMENDED (A) NY 19

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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of NY

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/16/2014 through 11/24/2014

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 BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE [Electronically Filed] Date MM/DD/YYYY 12/17/2014

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CHRIS GIBSON 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))....	152240.82	3068680.67
(b) Total Contribution Refunds (from Line 20(d))	2650.00	8653.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	149590.82	3060027.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1165409.56	3062147.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1165409.56	3062147.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	218823.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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

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

Write or Type Committee Name

CHRIS GIBSON FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 04 / 2014 (date of general election)

11 / 05 / 2014 (date after general election)

through

11 / 24 / 2014 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
 - (i) Itemized (use Schedule A)

66458.00

1317241.11

0.00

(ii) Unitemized

16321.02

231860.46

50.00

(iii) Total of contributions from individuals

82779.02

1549101.57

50.00

(b) Political Party Committees

0.00

2200.00

0.00

(c) Other Political Committees

69461.80

1517379.10

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 124

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
152240.82	3068680.67	50.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
2390.36	147463.53	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.02	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
154631.18	3216144.22	50.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

CHRIS GIBSON FOR CONGRESS
 Report Covering the Period: From: / / To: / /
II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="1165409.56"/>	<input type="text" value="3062147.79"/>	<input type="text" value="12446.89"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="2650.00"/>	<input type="text" value="8303.16"/>	<input type="text" value="250.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="100.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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

0.00	250.00	0.00
------	--------	------

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

2650.00	8653.16	250.00
---------	---------	--------

21. OTHER DISBURSEMENTS

0.00	2315.00	0.00
------	---------	------

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

1168059.56	3073115.95	12696.89
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

149590.82	3060027.51	-200.00
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IV. NET OPERATING EXPENDITURES

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

1165409.56	3062147.79	12446.89
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1232251.74
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	154631.18
25. SUBTOTAL (add Line 23 and Line 24).....	1386882.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1168059.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	218823.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREASSEN ASSOCIATES, LLC

Mailing Address **PO BOX 212**
1127 MAIN STREET

City **MALDEN ON HUDSON** State **NY** Zip Code **12453**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____ **350.00**

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

Transaction ID : SA11AI.20102

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

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTION

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

Mailing Address **PO BOX 212**
1127 MAIN STREET

City **MALDEN ON HUDSON** State **NY** Zip Code **12453**

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

Name of Employer **ANDREASSEN ASSOCIATES, LLC** Occupation **BUILDING INSPECTOR**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____ **475.00**

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

Transaction ID : SA11AI.20102.0

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

ANDREASSEN ASSOCIATES, LLC: PERMISSIBLE FUNDS
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DR. ANTHONY BACCHI

Mailing Address **1454 OLD KINGS HWY**

City **SAUGERTIES** State **NY** Zip Code **12477**

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

Name of Employer **LAZY SWAN SAUGERTIES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____ **1000.00**

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

Transaction ID : SA11AI.20162

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

IN KIND: CATERING SERVICES

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 8 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HARRY W BALDWIN

Mailing Address **25 S SHANKS ROAD**

City **SALT POINT** State **NY** Zip Code **12578**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

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

Transaction ID : SA11AI.20350

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS CARLEEN M BARIGHT

Mailing Address **50 HUDSON BLFS**

City **TIVOLI** State **NY** Zip Code **12583**

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 **1500.00**

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

Transaction ID : SA11AI.20145

Amount of Each Receipt this Period
500.00

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

Mailing Address **38 BLUE ECHO RD**

City **RED HOOK** State **NY** Zip Code **12571**

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

Name of Employer **G&G LED** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.20012

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHARLES R BARTON III

Mailing Address 66 BROWNS PATH

City State Zip Code
QUEENSBURY NY 12804

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

Name of Employer Occupation
BARTON GROUP CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

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

Transaction ID : SA11AI.20347

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 365

City State Zip Code
MODENA NY 12548-0365

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
700.00

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

Transaction ID : SA11AI.20069

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. EUGENE J BERARDI JR.

Mailing Address 673 HURLEY AVENUE

City State Zip Code
HURLEY NY 12443-5123

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

Name of Employer Occupation
TRAILWAYS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.20101

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 6 VISTA LN

City State Zip Code
GLEN HEAD NY 11545-3139

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
860.00

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

Transaction ID : SA11AI.20072

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. DANA M BERNTSON

Mailing Address 66 KNOLLWOOD DRIVE

City State Zip Code
VALATIE NY 12184-5201

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

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

Transaction ID : SA11AI.20459

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
PHILIP M BICKERTON

Mailing Address PO BOX 482

City State Zip Code
KINDERHOOK NY 12106

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

Name of Employer Occupation
SELF-EMPLOYED CARPENTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.19964

Amount of Each Receipt this Period
200.00

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 11 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) STEPHEN M BIRKEN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 10 TALBOT CT		Transaction ID : SA11AI.20015
City REXFORD	State NY	Zip Code 12148
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer WAVE SEPARATION TECHNOLOGIES, LLC	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00	

Full Name (Last, First, Middle Initial) PAUL BLEIBERG		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 2401 CALVERT ST NW APT. 321		Transaction ID : SA11AI.20017
City WASHINGTON	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer U.S. HOUSE OF REPRESENTATIVES	Occupation LEGISLATIVE DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) JACK BODOLOSKY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 667 HARRIS ROAD		Transaction ID : SA11AI.19832
City FERNDALE	State NY	Zip Code 12734-5134
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer ANIMAL HOSPITAL OF SULLIVAN CO.	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 680.00	

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MERLE BORENSTEIN

Mailing Address 5092 ROUTE 213

City State Zip Code
OLIVEBRIDGE NY 12461

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

Name of Employer Occupation
TORTILLA HEAVEN, INC. RESTAURANT 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
10 / 27 / 2014

Transaction ID : SA11AI.20103

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MARK BOTTINI

Mailing Address 19 REED RD

City State Zip Code
NEW HAMBURG NY 12590-5537

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

Name of Employer Occupation
BOTTINI FUEL PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.20413

Amount of Each Receipt this Period
2500.00
SEE REATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
MR. MARK BOTTINI

Mailing Address 19 REED RD

City State Zip Code
NEW HAMBURG NY 12590-5537

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

Name of Employer Occupation
BOTTINI FUEL 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
11 / 03 / 2014

Transaction ID : SA11AI.20413.0

Amount of Each Receipt this Period
-2500.00
SEE REATTRIBUTION BELOW
[MEMO ITEM]

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. KIMBERLY ANN BOTTINI

Mailing Address 19 REED RD

City State Zip Code
NEW HAMBURG NY 12590-5537

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

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

Transaction ID : SA11AI.20413.1

Amount of Each Receipt this Period
2500.00

REATTRIBUTED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. MURRAY BRESKY

Mailing Address 5190 MAIN STREET

City State Zip Code
SOUTH FALLSBURG NY 12779

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

Name of Employer Occupation
MURRAYS CHICKEN OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2126.00

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

Transaction ID : SA11AI.20180

Amount of Each Receipt this Period
118.00

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

Mailing Address 487 STRAWTOWN RD

City State Zip Code
WEST NYACK NY 10994

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

Name of Employer Occupation
APEX TECHNICAL SCHOOL CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.20434

Amount of Each Receipt this Period
1000.00

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

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

1118.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RONALD J CAPONERA

Mailing Address 82 DAHLGREN ROAD

City VALATIE State NY Zip Code 12184-4722

FEC ID number of contributing federal political committee.

Name of Employer COLUMBIA COUNTY Occupation COUNTY COMPTROLLER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.20142

Amount of Each Receipt this Period

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

Mailing Address 151 HUNT CLUB RD

City OLD CHATHAM State NY Zip Code 12136

FEC ID number of contributing federal political committee.

Name of Employer HOGAN LOVELLS US LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.20432

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR ARNE C CHRISTENSEN

Mailing Address 50 PATRICK DRIVE

City LAGRANGEVILLE State NY Zip Code 12540-6211

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.20340

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NANCY E CLARK

Mailing Address 77 CASTLE POINT RD
UNIT 2157

City ATHENS State NY Zip Code 12015

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.20005

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. ANN CLEMENTE

Mailing Address 556 BRUNSWICK RD

City TROY State NY Zip Code 12180

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.19825

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ROGER M COHN

Mailing Address PO BOX 721

City COBLESKILL State NY Zip Code 12043

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.20003

Amount of Each Receipt this Period
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS PAULA K COLARUSSO

Mailing Address 108 HUNTER DRIVE N

City VALATIE State NY Zip Code 12184-5506

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.20112

Amount of Each Receipt this Period
250.00

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

Mailing Address 68 MARTIN RD

City BEEKMAN State NY Zip Code 12533

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.20055

Amount of Each Receipt this Period
100.00

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

Mailing Address 6490 LAKE MEADOW DR

City BURKE State VA Zip Code 22015

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.20279

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 189 RICE ROAD

City NASSAU State NY Zip Code 12123-3520

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

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

Transaction ID : SA11AI.19833

Amount of Each Receipt this Period
500.00

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

Mailing Address 3 JACOBS LANE
PO BOX 249

City NEW PALTZ State NY Zip Code 12561

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

Name of Employer VIKING INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

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

Transaction ID : SA11AI.19740

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. HOWARD O CUSHING JR

Mailing Address 96 JONES RD

City POESTENKILL State NY Zip Code 12140

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.19837

Amount of Each Receipt this Period
400.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. ELLEN M CZAJKA

Mailing Address **PO BOX 217**

City **NORTH CHATHAM** State **NY** Zip Code **12132-0217**

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

Name of Employer **COMMUNITY CARE PHYSICIANS** Occupation **RADIOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1125.00**

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

Transaction ID : SA11AI.19746

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. LOWELL J DAVENPORT JR.

Mailing Address **136 FOX HILL ROAD**

City **ANCRAMDALE** State **NY** Zip Code **12503-5311**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

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

Transaction ID : SA11AI.19705

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
KAREN DE GAETA

Mailing Address **269 HAWLEYS CORNERS ROAD**

City **HIGHLAND** State **NY** Zip Code **12528-2736**

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

Name of Employer **AMERICAN HEATING & COOLING** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

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

Transaction ID : SA11AI.19702

Amount of Each Receipt this Period
200.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LORINDA P. DE ROULET		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address PO BOX 777		Transaction ID : SA11AI.20374	
City MANHASSET	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) B. TIM DILLON		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 758 W END RD		Transaction ID : SA11AI.19933	
City LITTLE FALLS	State NY	Zip Code 13365	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer TIOGA CONSTRUCTION CO., INC.	Occupation CONTRACTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) C. JEFFREY L DISTEFANO		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 659 KRUMKILL ROAD		Transaction ID : SA11AI.20095	
City ALBANY	State NY	Zip Code 12203-5975	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2200.00	
Name of Employer HARRISON BURROWES	Occupation CONTRACTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00		

SUBTOTAL of Receipts This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) MR. LEO J DOLAN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 324		Transaction ID : SA11AI.20040
City KINDERHOOK	State NY	
Zip Code 12106		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) ROBERT DOOLEY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 125 WASHINGTON AVE		Transaction ID : SA11AI.20339
City COBLESKILL	State NY	
Zip Code 12043		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer DORMITORY AUTHORITY STATE OF NY	Occupation PROFESSIONAL ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) KENNETH DUDLEY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 128 WYCKOFF RD		Transaction ID : SA11AI.20093
City FREEHOLD	State NY	
Zip Code 12431		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer TIP TOP FURNITURE	Occupation RETAIL SALES	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES C DUNHAM

Mailing Address 13 EICHYBUSH ROAD

City State Zip Code
KINDERHOOK NY 12106-2102

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
340.00

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

Transaction ID : SA11AI.20306

Amount of Each Receipt this Period
40.00

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

Mailing Address 28 WATERBURY RD

City State Zip Code
NASSAU NY 12123

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

Name of Employer Occupation
DN EXCAVATING/ OWNER EXCAVATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.20238

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR LAWRENCE T ECKLER

Mailing Address 225 SIMONS ROAD

City State Zip Code
ANCRAM NY 12502-5310

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

Name of Employer Occupation
MORGAN MOTORS OF NE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.19851

Amount of Each Receipt this Period
100.00

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

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

390.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AZBI ELEZI

Mailing Address 3752 CAMP BUTLER RD

City Springfield State IL Zip Code 62707

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

Name of Employer SELF-EMPLOYED Occupation RESTAURATEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.20310

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH FARKAS

Mailing Address 4148 ROUTE 212
PUB # 156

City LAKE HILL State NY Zip Code 12448

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

Name of Employer KINGS COUNTY HOSPITAL Occupation NURSE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.19799

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO BOX 474

City KINDERHOOK State NY Zip Code 12106-0474

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
862.41

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

Transaction ID : SA11AI.19852

Amount of Each Receipt this Period
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LESLIE FASTENBERG		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 92 WHEATLEY RD		Transaction ID : SA11AI.19722
City OLD WESTBURY	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LONG ISLAND VITREO RETINAL	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. RICHARD FEINSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 15 HOLLOW ROAD		Transaction ID : SA11AI.19944
City GLEN HEAD	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. MR ARNOLD L FISHER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 87 DUSTY LANE		Transaction ID : SA11AI.19969
City PINE PLAINS	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5600.00
Name of Employer FISHER BROTHERS	Occupation REAL ESTATE	SEE REATTRIBUTION BELOW; EXCESS OF \$400 REFUNDED 10/30/2014
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8200.00	

SUBTOTAL of Receipts This Page (optional).....	7100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR ARNOLD L FISHER

Mailing Address 87 DUSTY LANE

City State Zip Code
PINE PLAINS NY 12567

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

Name of Employer Occupation
FISHER BROTHERS REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5600.00

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

Transaction ID : SA11AI.19969.0

Amount of Each Receipt this Period
-2600.00

SEE REATTRIBUTION BELOW

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MRS AUDREY V FISHER

Mailing Address 87 DUSTY LANE

City State Zip Code
PINE PLAINS NY 12567-4835

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.19969.1

Amount of Each Receipt this Period
2600.00

REATTRIBUTED

[MEMO ITEM]

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

Mailing Address 4046 COUNTY RTE
21

City State Zip Code
SCHODACK LANDING NY 12156

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

Name of Employer Occupation
SELF-EMPLOYED ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

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

Transaction ID : SA11AI.20424

Amount of Each Receipt this Period
500.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARTIN FORMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 226 FRANKLIN ST		Transaction ID : SA11AI.20315	
City BROOKLYN	State NY	Zip Code 11222	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN PACKAGE COMPANY	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. R. ABEL GARRAGHAN		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 625 SAWKILL ROAD		Transaction ID : SA11AI.20307	
City KINGSTON	State NY	Zip Code 12401	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer HERITAGENERGY	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) C. KEVIN GARRITY		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 8 DANBURY CT		Transaction ID : SA11AI.19870	
City VOORHEESVILLE	State NY	Zip Code 12186	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ROSE & KIERNAN, INC.	Occupation OFFICER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT M GIBSON

Mailing Address **PO BOX 247**

City **KINDERHOOK** State **NY** Zip Code **12106**

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

Name of Employer **COLUMBIA COUNTY DEPARTMENT OF** Occupation **COUNSEL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

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

Transaction ID : SA11AI.20237

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
EDWARD W GLASSGOLD

Mailing Address **39 HUNTING HOLLOW CT**

City **DIX HILLS** State **NY** Zip Code **11746**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.20071

Amount of Each Receipt this Period
500.00

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

Mailing Address **11 GRACE AVE
SUITE 405**

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

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

Name of Employer **LAURAND ASSOCIATES, INC** Occupation **COMMODITIES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.20023

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CLAYTON B GRAVLIN

Mailing Address 299 MARYANNE AVENUE

City HUDSON State NY Zip Code 12534-1107

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 **725.00**

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

Transaction ID : SA11AI.19758

Amount of Each Receipt this Period
500.00

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

Mailing Address PO BOX 8002

City ROCK HILL State NY Zip Code 12775-8002

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

Name of Employer ROBERT GREEN TRUCK DIV. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

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

Transaction ID : SA11AI.20397

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. HAROLD GROUT

Mailing Address PO BOX 851

City GOSHEN State NY Zip Code 10924

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
 11 / 03 / 2014

Transaction ID : SA11AI.20061

Amount of Each Receipt this Period
50.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARIEL GRUNBERG

Mailing Address **66 W 77TH ST**

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

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

Name of Employer **FANNY GRUNBERG AND ASSOCIATES** Occupation **REAL ESTATE 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
10 / 29 / 2014

Transaction ID : SA11AI.20320

Amount of Each Receipt this Period
500.00

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

Mailing Address **5 ASHLYN DRIVE**

City **MARLBORO** State **NY** Zip Code **12542-5522**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.19858

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MS. ERICA GUERIN

Mailing Address **858 ROUTE 212**

City **SAUGERTIES** State **NY** Zip Code **12477-3437**

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
250.00

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

Transaction ID : SA11AI.19859

Amount of Each Receipt this Period
150.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR R. F. GULLOTT

Mailing Address 83 BALDWIN ROAD

City State Zip Code
SCOTIA NY 12302-3813

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.19787

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS JEANNE L HARDER

Mailing Address 3487 STATE ROUTE 203

City State Zip Code
VALATIE NY 12184-5224

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
390.00

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

Transaction ID : SA11AI.19739

Amount of Each Receipt this Period
20.00

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

Mailing Address 394 WINNEY HILL ROAD

City State Zip Code
ONEONTA NY 13820-4671

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

Name of Employer Occupation
ARNAN DEVELOPMENT CORP. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.19802

Amount of Each Receipt this Period
100.00

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

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

170.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. ANN HATFIELD

Mailing Address 18 SKYVIEW DRIVE

City State Zip Code
POUGHKEEPSIE NY 12603-1427

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

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

Transaction ID : SA11AI.19911

Amount of Each Receipt this Period
175.00

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

Mailing Address 219 VANKLEECKS LANE

City State Zip Code
KINGSTON NY 12401

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
225.00

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

Transaction ID : SA11AI.19853

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
HIGGINS HILL FARM

Mailing Address 21 HIGGINS RD

City State Zip Code
CHATHAM NY 12037

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

Name of Employer Occupation
LLC INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.20382

Amount of Each Receipt this Period
250.00

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 298 MILLS CROSS ROAD

City STAATSBURG State NY Zip Code 12580-5401

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 **1375.00**

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

Transaction ID : SA11AI.20232

Amount of Each Receipt this Period
500.00

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

Mailing Address 125 QUASSAICK AVENUE

City NEW WINDSOR State NY Zip Code 12553

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 **1250.00**

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

Transaction ID : SA11AI.20171

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JANE H HSU

Mailing Address 3 ARCHWAY PL

City FOREST HILLS State NY Zip Code 11375

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

Name of Employer SELF-EMPLOYED Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1400.00**

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

Transaction ID : SA11AI.20287

Amount of Each Receipt this Period
50.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) ROBERT J HUGHES		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 125 MANNIS ROAD		Transaction ID : SA11AI.20269
City QUEENSBURY	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	Election Cycle-to-Date 850.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MR PAUL THOMAS IBSEN		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 6 VAN DEL DRIVE		Transaction ID : SA11AI.20038
City MILTON	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 300.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MR. ROBERT A JONES		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3928 NY 2		Transaction ID : SA11AI.19883
City TROY	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRADLEY W JORDAN

Mailing Address 17 BURGEVIN STREET

City KINGSTON State NY Zip Code 12401

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

Name of Employer HERZOG'S TRUE VALUE Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

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

Transaction ID : SA11AI.19690

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. TODD JORDAN

Mailing Address 61 LOUNSBURY PLACE

City KINGSTON State NY Zip Code 12401

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 **400.00**

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

Transaction ID : SA11AI.19691

Amount of Each Receipt this Period
250.00

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

Mailing Address 595 VERNAL BUTLER ROAD

City CAIRO State NY Zip Code 12413-2709

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 **739.00**

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

Transaction ID : SA11AI.20179

Amount of Each Receipt this Period
20.00

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

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

520.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN J KENNEDY JR

Mailing Address 1675 PROVIDENCE AVE

City State Zip Code
SCHENECTADY NY 12309

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.19748

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KINDERHOOK COTTAGE COMPANY LLC

Mailing Address PO BOX 279

City State Zip Code
NIVERVILLE NY 12130

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.19987

Amount of Each Receipt this Period
300.00

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

Mailing Address 199 WEST ROAD, SUITE 100
P.O. BOX 675

City State Zip Code
PLEASANT VALLEY NY 12569

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

Name of Employer Occupation
KIRCHHOFF COMPANIES CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11AI.20311

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 135 HARDENBERGH AVENUE

City State Zip Code
TILLSON NY 12486-1415

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
300.00

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

Transaction ID : SA11AI.19915

Amount of Each Receipt this Period
50.00

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

Mailing Address 28 COONS ROAD

City State Zip Code
VALLEY FALLS NY 12185-3446

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

Name of Employer Occupation
SELF-EMPLOYED AGRICULTURE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

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

Transaction ID : SA11AI.19760

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. SEAN P LALLY

Mailing Address PO 778

City State Zip Code
KINDERHOOK NY 12106

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

Name of Employer Occupation
LALLY & LALLY LLP OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.20006

Amount of Each Receipt this Period
150.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. SEAN P LALLY

Mailing Address PO 778

City State Zip Code
KINDERHOOK NY 12106

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LALLY & LALLY LLP OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.20139

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. EDWARD J. LANG

Mailing Address PO BOX 485

City State Zip Code
NARROWSBURG NY 12764

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED OWNER OF ENVIROVENTURES & ROTO-RC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.20056

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR CHARLES C LEACH III

Mailing Address 25 INDIAN MAIDEN PASS

City State Zip Code
ALTAMONT NY 12009-6100

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FULLER & O'BRIEN INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.20209

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. IRA A LEVY

Mailing Address 1880 STATE ROUTE 82

City ANCRAM State NY Zip Code 12502-5229

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
450.00

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

Transaction ID : SA11AI.20263

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MRS. JEANETTE F LINVILLE

Mailing Address 1251 COUNTY ROUTE 13

City OLD CHATHAM State NY Zip Code 12136-2713

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

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

Transaction ID : SA11AI.20143

Amount of Each Receipt this Period
500.00

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

Mailing Address 190 E 72ND STREET

City NEW YORK State NY Zip Code 10021-4370

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

Name of Employer SCIO SHIPPING Occupation SHIP BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.20464

Amount of Each Receipt this Period
100.00

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 38 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address **PO BOX 243**

City **DAVENPORT** State **NY** Zip Code **13750**

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
469.00

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

Transaction ID : SA11AI.19932

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR. PETER J MARKOU

Mailing Address **97 SUMMIT AVENUE**

City **CATSKILL** State **NY** Zip Code **12414-1024**

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

Name of Employer **GREENE COUNTY** Occupation **TREASURER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

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

Transaction ID : SA11AI.20371

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA M MASTRI

Mailing Address **364 ALLEN ROAD**

City **SALT POINT** State **NY** Zip Code **12578-2428**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.19803

Amount of Each Receipt this Period
100.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. MICHAEL MCMAHON		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 572 WEST AMES RD		Transaction ID : SA11AI.20415	
City AMES	State NY	Zip Code 13317	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MONTGOMERY COUNTY	Occupation DEPARTMENT OF SOCIAL SERVICES COMM		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. KAREN MISISCO		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 15 RICHMOND HILL RD		Transaction ID : SA11AI.20052	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. THOMAS MISISCO		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 15 RICHMOND HILL RD		Transaction ID : SA11AI.20051	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer FISHER BROTHERS	Occupation VP OF INVESTMENTS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	5700.00
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 40 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) MATT MURELL		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1334 ROUTE 9		Transaction ID : SA11AI.19952
City HUDSON	State NY	
Zip Code 12534		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer COLUMBIA COUNTY	Occupation SUPERVISOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) JOHN NG		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 220 MOHEGAN WAY		Transaction ID : SA11AI.20190
City FORT LEE	State NY	
Zip Code 07024		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer FORTUNE METAL GROUP	Occupation VICE PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) MR. PETER F. NISSEN		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 18 PARK DRIVE		Transaction ID : SA11AI.19759
City OLIVERBRIDGE	State NY	
Zip Code 12461		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RJE TELECOM	Occupation TELECOM ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TORY NORTHROD

Mailing Address 35 EAST BLVD

City State Zip Code
GLOVERSVILLE NY 12078

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.19773

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS PHEBE S.B. NOVAKOVIC

Mailing Address 113 N SPRINGS MILL RD

City State Zip Code
VILLANOVA PA 19085

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
500.00

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

Transaction ID : SA11AI.20034

Amount of Each Receipt this Period
500.00

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

Mailing Address 81 WILLOW BROOK RD

City State Zip Code
CLINTON NY 12514

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
10 / 27 / 2014

Transaction ID : SA11AI.20280

Amount of Each Receipt this Period
2600.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BURGESS PETERS

Mailing Address 3802 STATE ROUTE 52

City State Zip Code
YOUNGSVILLE NY 12791-5021

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11AI.20264

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
JOSEPH W PHELAN

Mailing Address 110 HILLTOP ROAD

City State Zip Code
GERMANTOWN NY 12526-5403

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
500.00

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

Transaction ID : SA11AI.20351

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
NINA N POSTUPACK

Mailing Address 117 MADISON AVE

City State Zip Code
KINGSTON NY 12401

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

Name of Employer Occupation
ULSTER COUNTY COUNTY CLERK

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.20105

Amount of Each Receipt this Period
250.00

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

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

75.00

250.00

250.00

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 320 PARK AVE
12TH FLOOR

City NEW YORK State NY Zip Code 10022

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

Name of Employer MIZUHO SECURITIES Occupation MANAGING 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
10 / 29 / 2014

Transaction ID : SA11AI.20318

Amount of Each Receipt this Period
250.00

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

Mailing Address 55 BLUE SPRUCE LN

City BALLSTON LAKE State NY Zip Code 12019

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

Name of Employer STATE OF NEW YORK Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.20170

Amount of Each Receipt this Period
50.00

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

Mailing Address 74 FIFTH AVE

City NEW YORK State NY Zip Code 10011

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

Name of Employer NYSERDA Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.20298

Amount of Each Receipt this Period
1000.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR MAHLON W RICHARDS

Mailing Address 80 BOICE ROAD

City VALATIE State NY Zip Code 12184-4301

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

Name of Employer RICHMOR AVIATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **675.00**

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

Transaction ID : SA11AI.19976

Amount of Each Receipt this Period
500.00

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

Mailing Address 73 IU WILLETS RD

City OLD WESTBURY State NY Zip Code 11568

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

Name of Employer JP MORGAN ASSOCIATES Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

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

Transaction ID : SA11AI.20330

Amount of Each Receipt this Period
400.00

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

Mailing Address 41 OLD GICK RD

City SARATOGA SPRINGS State NY Zip Code 12866

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

Name of Employer TURBINE SERVICES,LTD. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.20054

Amount of Each Receipt this Period
100.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GROVER A ROSE

Mailing Address 125 LOUDEN ROAD

City State Zip Code
SARATOGA SPRINGS NY 12866-5499

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

Name of Employer Occupation
ALL TYPE DOORS DOOR MAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
698.98

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

Transaction ID : SA11AI.19694

Amount of Each Receipt this Period
100.00

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

Mailing Address 755 ROUTE 82

City State Zip Code
ELIZAVILLE NY 12523

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

Name of Employer Occupation
CLUBLIFE HEALTH & FITNESS PRESIDENT & 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
 10 / 27 / 2014

Transaction ID : SA11AI.19951

Amount of Each Receipt this Period
250.00

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

Mailing Address 1112 WHITESIDES RD

City State Zip Code
GALWAY NY 12074

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

Name of Employer Occupation
NYISO EXTERNAL AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.20174

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LARRY RUSH		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 1390 RIDGE RD		Transaction ID : SA11AI.20316	
City SYOSSET	State NY	Zip Code 11791	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LJR DEVELOPMENT	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) B. DR. PAUL RUSSO		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 160 REISS ROAD		Transaction ID : SA11AI.20299	
City COOPERSTOWN	State NY	Zip Code 13326-2719	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer BASSETT MEDICAL CENTER	Occupation OPTOMETRIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) C. MARTIN P RUTBERG		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 3344 ROUTE 9 NORTH		Transaction ID : SA11AI.20240	
City POUGHKEEPSIE	State NY	Zip Code 12601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR RICHARD W SARDO		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 135 GEORGE ROAD		Transaction ID : SA11AI.20094	
City GHENT	State NY	Zip Code 12075-3504	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00	
Name of Employer SELF-EMPLOYED	Occupation PROFESSIONAL LAND SURVEYOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 285.00		

Full Name (Last, First, Middle Initial) B. DAVID SCHIMEL		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 60 CUTTERMILL RD		Transaction ID : SA11AI.20326	
City GREAT NECK	State NY	Zip Code 11021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NATIONAL HEALTH RESOURCES	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. MR. JOHN D. SCHIPISCH		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 5562 STATE ROUTE 22		Transaction ID : SA11AI.19707	
City SALEM	State NY	Zip Code 12865-2312	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer DRAKE'S PHARMACY	Occupation PHARMACIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	645.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 265 N GRAND ST

City State Zip Code
COBLESKILL NY 12043

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

Name of Employer Occupation
BASSETT HEALTHCARE PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
307.00

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

Transaction ID : SA11AI.19749

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ALBERT SEVERTSEN

Mailing Address 451 STATE ROUTE 145

City State Zip Code
MIDDLEBURGH NY 12122-5210

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.20002

Amount of Each Receipt this Period
100.00

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

Mailing Address 24 WILKINS RD

City State Zip Code
KINDERHOOK NY 12106

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.20124

Amount of Each Receipt this Period
2600.00
SEE REATTRIBUTION BELOW

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address **24 WILKINS RD**

City **KINDERHOOK** State **NY** Zip Code **12106**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

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

Transaction ID : SA11AI.20124.0

Amount of Each Receipt this Period
-1300.00

SEE REATTRIBUTION BELOW

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR HENRY N CONOLLY

Mailing Address **24 WILKINS ROAD**

City **KINDERHOOK** State **NY** Zip Code **12106-3101**

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
1300.00

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

Transaction ID : SA11AI.20124.1

Amount of Each Receipt this Period
1300.00

REATTRIBUTED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ELIZABETH J SHEFFER

Mailing Address **24 MAIN STREET**

City **LEBANON SPRINGS** State **NY** Zip Code **12125-3508**

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

Name of Employer **NYSUT** Occupation **ASSISTANT IN EDUCATIONAL SERVICES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

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

Transaction ID : SA11AI.19953

Amount of Each Receipt this Period
150.00

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. EVERETT SIMEK

Mailing Address **7 SAWYER AVE**

City **JOHNSTOWN** State **NY** Zip Code **12095**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.20402

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. DONALD L SKELLIE

Mailing Address **134 SKELLIE ROAD**

City **GREENWICH** State **NY** Zip Code **12834-3928**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.19913

Amount of Each Receipt this Period
100.00

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

Mailing Address **644 OLD QUAKER HILL ROAD**

City **PAWLING** State **NY** Zip Code **12564-3451**

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

Name of Employer **PAWLING CORPORATION** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1305.00

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

Transaction ID : SA11AI.20345

Amount of Each Receipt this Period
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address **PO BOX 871**
27 NOTTINGHAM GATE ROAD

City **ROCK HILL** State **NY** Zip Code **12775-0871**

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

Name of Employer **SELF** Occupation **PLANNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.19720

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. ALBERT SPADA

Mailing Address **PO BOX 3723**

City **KINGSTON** State **NY** Zip Code **12402-3723**

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

Name of Employer **HUDSON VALLEY ADVERTISING** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2014

Transaction ID : SA11AI.19798

Amount of Each Receipt this Period
1000.00

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

Mailing Address **143 CHARWILL DRIVE**

City **CLINTON CORNERS** State **NY** Zip Code **12514-2512**

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
600.00

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

Transaction ID : SA11AI.19792

Amount of Each Receipt this Period
100.00

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 52 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN F STALLMER

Mailing Address 12 SYCAWAY AVENUE

City TROY State NY Zip Code 12180-2729

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
255.14

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

Transaction ID : SA11AI.20154

Amount of Each Receipt this Period
35.00

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

Mailing Address 8504 WENDELL DRIVE

City ALEXANDRIA State VA Zip Code 22308-2158

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

Name of Employer STAPLETON & ASSOC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11AI.20182

Amount of Each Receipt this Period
250.00

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

Mailing Address 16 THE DRAWBRIDGE

City WOODBURY State NY Zip Code 11797

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.20324

Amount of Each Receipt this Period
250.00

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

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

535.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 33 WINDSOR DR

City MUTTONTOWN State NY Zip Code 11753

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

Name of Employer STERLING RISK Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.20322

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MS THERESA P SULLIVAN

Mailing Address 513 PINE ROAD

City COPAKE State NY Zip Code 12516-1109

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

Name of Employer SELF Occupation AUDIOLOGIST/SPEACH PATHOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.20113

Amount of Each Receipt this Period
 150.00

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

Mailing Address 123 GLEN DRIVE

City ONEONTA State NY Zip Code 13820-3553

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

Name of Employer EAR NOSE & THROAT ASSOCIATION OF ONI Occupation SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.20201

Amount of Each Receipt this Period
 100.00

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 54 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address **PO BOX 424**

City **CALLICOON** State **NY** Zip Code **12723**

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

Name of Employer **TOWN OF DELAWARE** Occupation **SUPERVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11AI.20181

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT D THOMAS

Mailing Address **5617 WILSON LANE**

City **BETHESDA** State **MD** Zip Code **20814-1149**

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

Name of Employer **MEDRAD** Occupation **EXEC. 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
10 / 27 / 2014

Transaction ID : SA11AI.19955

Amount of Each Receipt this Period
250.00

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

Mailing Address **1670 MILL RD
PO BOX 156**

City **ST JOHNSVILLE** State **NY** Zip Code **13452**

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
280.00

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

Transaction ID : SA11AI.19945

Amount of Each Receipt this Period
30.00

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

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

380.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. ALAINE V THORNE

Mailing Address 1432 STATE ROUTE 203

City CHATHAM State NY Zip Code 12037-1706

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
450.00

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

Transaction ID : SA11AI.20108

Amount of Each Receipt this Period
50.00

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

Mailing Address 1901 COUNTY ROUTE 9

City CHATHAM State NY Zip Code 12037-1926

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
475.00

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

Transaction ID : SA11AI.20252

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
THOMAS W TYLER

Mailing Address 234 CASEY ROAD

City SCHUYLERVILLE State NY Zip Code 12871-1816

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

Name of Employer NYS Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2874.00

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

Transaction ID : SA11AI.20191

Amount of Each Receipt this Period
50.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 234 CASEY ROAD

City State Zip Code
SCHUYLERVILLE NY 12871-1816

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

Name of Employer Occupation
NYS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2899.00

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

Transaction ID : SA11AI.19943

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT D VANDERMINDEN SR.

Mailing Address 5 COURT STREET

City State Zip Code
GRANVILLE NY 12832

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

Name of Employer Occupation
TELESCOPE CASUAL FURNITURE CHAIRMAN OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.19849

Amount of Each Receipt this Period
100.00

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

Mailing Address PO BOX 128

City State Zip Code
GHENT NY 12075

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.20039

Amount of Each Receipt this Period
250.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DON S WILLIAMS

Mailing Address 158 BURGER RD

City State Zip Code
RHINEBECK NY 12572

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WILLAMS LUMBER CORE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.20146

Amount of Each Receipt this Period

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

Mailing Address 78 MAIDEN LN

City State Zip Code
KINGSTON NY 12401

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HEALTH QUEST MD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.20421

Amount of Each Receipt this Period

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

Mailing Address 141 HEATHER LN

City State Zip Code
MILL NECK NY 11765

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.20420

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 124
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
YIANNAKIS ZACHARIA

Mailing Address 140 PUTT LN

City KINGSTON State NY Zip Code 12401

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

Name of Employer ALEXIS DINER Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.19693

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

66458.00

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

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

FOR LINE NUMBER: PAGE 59 OF 124
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AETNA INC. POLITICAL ACTION COMMITTEE

Mailing Address 20 F STREET, N.W.
SUITE 350

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

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

Transaction ID : SA11C.19997

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AGRICULTURAL RETAILERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET, NW SUITE 302

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11C.20449

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.20360

Amount of Each Receipt this Period
5000.00

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 60 OF 124
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

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

Transaction ID : SA11C.20235

Amount of Each Receipt this Period
3000.00

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

Mailing Address 9312 OLD GEORGETOWN ROAD

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.19755

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN RESORT DEVELOPMENT ASSOCIATION POLITICAL ACTION COMMITTEE (ARDA-PAC)

Mailing Address 1201 15TH STREET NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00129932

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11C.19742

Amount of Each Receipt this Period
5000.00

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

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

13000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City State Zip Code
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.20236

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 300

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11C.19985

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BERLIN REPUBLICAN COMMITTEE

Mailing Address PO BOX 253
537 GREEN HOLLOW RD

City State Zip Code
BERLIN NY 12022-0253

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
175.00

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

Transaction ID : SA11C.20138

Amount of Each Receipt this Period
75.00

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

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

3575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP PAC)

Mailing Address **C/O HINMAN STRAUB**
121 STATE STREET

City **ALBANY** State **NY** Zip Code **12207**

FEC ID number of contributing federal political committee. **C C00562611**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

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

Transaction ID : SA11C.20447

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CITIZENS TO ELECT PHIL ROE TO CONGRESS

Mailing Address **PO BOX 3218**

City **JOHNSON CITY** State **TN** Zip Code **37602**

FEC ID number of contributing federal political committee. **C C00444471**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

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

Transaction ID : SA11C.20233

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT FRANK MEROLA

Mailing Address **1464 SPRING AVENUE EXTENSION**

City **WYNANTSKILL** State **NY** Zip Code **12198-2920**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt

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

Transaction ID : SA11C.19827

Amount of Each Receipt this Period
75.00

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

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

1575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT NINA POSTUPACK

Mailing Address **80 KIERSTED AVENUE**
UPO BOX 3723

City **KINGSTON** State **NY** Zip Code **12401-2016**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

Transaction ID : SA11C.19999

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

B. Full Name (Last, First, Middle Initial)
ENVIRONMENTAL DEFENSE ACTION FUND PAC

Mailing Address **257 PARK AVE S**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00471540**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **3000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11C.20380

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

C. Full Name (Last, First, Middle Initial)
EUREKA POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00390161**

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
10	/	16	/	2014

Transaction ID : SA11C.19781

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

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

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

_____ **2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 124
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address 6700 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

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

Transaction ID : SA11C.20273

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
FORESTBURGH REPUBLICAN CLUB

Mailing Address PO BOX 8

City FORESTBURGH State NY Zip Code 12777-0008

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 100.00

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

Transaction ID : SA11C.20097

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF DICK MILLER

Mailing Address 155 STOCKING BROOK ROAD

City COOPERTOWN State NY Zip Code 13326

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 361.80

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

Transaction ID : SA11C.20246

Amount of Each Receipt this Period
 361.80

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

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

1961.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRIENDS OF LOU DESSO

Mailing Address 12 STEPHEN DRIVE

City State Zip Code
WYNANTSKILL NY 12198-8247

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

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

Transaction ID : SA11C.19867

Amount of Each Receipt this Period
50.00

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

Mailing Address PO BOX 78376

City State Zip Code
CORONA CA 92877

FEC ID number of contributing federal political committee. **C** C00257337

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.19779

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City State Zip Code
BAKERSFIELD CA 93389

FEC ID number of contributing federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.20248

Amount of Each Receipt this Period
2000.00

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

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

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
L-3 COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **600 THIRD AVENUE**

City	State	Zip Code
NEW YORK	NY	10016

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 7000.00

Date of Receipt

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

Transaction ID : **SA11C.19995**

Amount of Each Receipt this Period
 _____ 4000.00

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

Mailing Address **1090 VERMONT AVE NW, SUITE 850**

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C C00405506**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : **SA11C.20410**

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
LIBERTY & PROSPERITY PAC

Mailing Address **19 CATTANO AVENUE**

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing federal political committee. **C C00492538**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3500.00

Date of Receipt

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

Transaction ID : **SA11C.19975**

Amount of Each Receipt this Period
 _____ 1000.00

SUBTOTAL of Receipts This Page (optional).....	_____ 6000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 124
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **2121 CRYSTAL DRIVE
SUITE 100**

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **7000.00**

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

Transaction ID : SA11C.19924

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address **345 W BROADWAY STREET**

City State Zip Code
SHELBYVILLE IN 46176-1001

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1750.00**

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

Transaction ID : SA11C.20378

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address **700 MARITIME BLVD**

City State Zip Code
LINTHICUM HEIGHTS MD 21090

FEC ID number of contributing federal political committee. **C C00073056**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **7250.00**

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

Transaction ID : SA11C.20223

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2111 MCDONALDS DR
DEPT 213

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11C.19983

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)

Mailing Address 606 NORTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00091561**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.20451

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS POLITICAL ACTION COMMITTEE (SURETYPAC)

Mailing Address 1140 19TH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00300525**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.19890

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 124
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1750 H STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID : SA11C.20025

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address 630 MORRISON ROAD SUITE 110

City GAHANNA State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID : SA11C.19927

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NEW DUTCHESS COUNTY INDEPENDENCE PARTY

Mailing Address 9 SANDRA PLACE

City BEACON State NY Zip Code 12508-1019

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 950.00

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

Transaction ID : SA11C.20308

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 70 OF 124
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEW YORK REPUBLICAN STATE COMMITTEE FEDERAL CAMPAIGN COMMITTEE

Mailing Address 315 STATE STREET

City State Zip Code
ALBANY NY 12210-2001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

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

Transaction ID : SA11C.19892

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
OORAH! POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1053

City State Zip Code
BLOOMINGTON IN 47402

FEC ID number of contributing federal political committee. **C** C00551853

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.20244

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ORGANIC TRADE ASSOCIATION PAC (ORGANIC PAC)

Mailing Address 28 VERNON STREET SUITE 413

City State Zip Code
BRATTLEBORO VT 05301

FEC ID number of contributing federal political committee. **C** C00492132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11C.20373

Amount of Each Receipt this Period
500.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC

Mailing Address 1150 17TH STREET NW
SUITE 702

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

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

Transaction ID : SA11C.20100

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
PROTECTIVE GROUP INC POLITICAL ACTION COMMITTEE; THE

Mailing Address 14100 NW 58TH COURT

City MIAMI LAKES State FL Zip Code 33014

FEC ID number of contributing federal political committee. **C** C00423996

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.20275

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SPEAK UP AMERICA POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00376756

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.20277

Amount of Each Receipt this Period
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 124
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TEXAS REPUBLICANS UNITED POLITICAL ACTION COMMITTEE (TRU PAC)

Mailing Address **815-A BRAZOS STREET**
PMB 229

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00481531**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11C.19974

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address **1155 F STREET, NW**
SUITE 400

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : SA11C.20445

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA

Mailing Address **4301 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22203**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11C.19922

Amount of Each Receipt this Period
1500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 124
	<input type="checkbox"/> 11a 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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1627 EYE STREET NW SUITE 900

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

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

Transaction ID : SA11C.20453

Amount of Each Receipt this Period
 _____ 2500.00

B. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

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

Transaction ID : SA11C.19717

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
UNITED FRESH PRODUCE ASSOCIATION FRESH POLITICAL ACTION COMMITTEE (FRESH PAC)

Mailing Address 1901 PENNSYLVANIA AVE
SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C** C00040725

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

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

Transaction ID : SA11C.20455

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 124
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR
SUITE 200

City TRIANGLE State VA Zip Code 22172

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11C.19925

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WAKEFERN FOOD CORP. POLITICAL ACTION COMMITTEE

Mailing Address 33 NORTHFIELD AVENUE

City EDISON State NJ Zip Code 08818

FEC ID number of contributing federal political committee. **C** C00489005

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.20030

Amount of Each Receipt this Period
3000.00

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

Amount of Each Receipt this Period

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

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

4000.00

69461.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 124
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEW YORK MAJORITY FUND 2014

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00566216

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2390.36

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

Transaction ID : SA12.20412

Amount of Each Receipt this Period
2390.36

JFC TRANSFER: SEE MEMO ENTRIES

B. Full Name (Last, First, Middle Initial)
ONEIDA INDIAN NATION

Mailing Address 1 TERRITORY ROAD

City ONEIDA State NY Zip Code 13421

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA12.20412.0

Amount of Each Receipt this Period
2600.00

JFC TRANSFER: NEW YORK MAJORITY FUND
[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2390.36

2390.36

**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 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADOBE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 345 PARK AVE		Amount of Each Disbursement this Period 148.73
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement AMEX 11/3 CC PAYMENT:SOFTWARE	Transaction ID : SB17.20577
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ADVANTAGE DIRECT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303		Amount of Each Disbursement this Period 5345.00
City ARLINGTON	State VA	
Zip Code 22201	Purpose of Disbursement TELETOWN HALL SERVICES	Transaction ID : SB17.20472
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ALCHAR PRINTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 599 PAWLING AVE		Amount of Each Disbursement this Period 53.46
City TROY	State NY	
Zip Code 12180	Purpose of Disbursement AMEX 11/3 CC PAYMENT:PRINTING & DESIGN SERVICES	Transaction ID : SB17.20579
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5345.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALL STAR WINE & SPIRITS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 579 TROY SCHENECTADY RD		Amount of Each Disbursement this Period 88.53
City LATHAM State NY Zip Code 12110	Purpose of Disbursement AMEX 11/3 CC PAYMENT:CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20581
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 1200 12TH AVE SOUTH SUITE 1200		Amount of Each Disbursement this Period 44.42
City SEATTLE State WA Zip Code 98144	Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.20582
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 200 VESSEY ST		Amount of Each Disbursement this Period 14893.87
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.20476
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14893.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALBERT B. AMES IV			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 89 CARDINAL ROAD			Amount of Each Disbursement this Period 319.00	
City HYDE PARK	State NY	Zip Code 12538	Transaction ID : SB17.20473	
Purpose of Disbursement SIGN SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. AM TRUST NORTH AMERICA			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 59 MAIDEN LN			Amount of Each Disbursement this Period 218.25	
City NEW YORK	State NY	Zip Code 10038	Transaction ID : SB17.20475	
Purpose of Disbursement INSURANCE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. BEARNAISE			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 315 PENNSYLVANIA AVE SE			Amount of Each Disbursement this Period 258.65	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.20584	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	537.25
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 79 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHERINE BETTER			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address PO BOX 255			Amount of Each Disbursement this Period 2500.00	
City KINDERHOOK	State NY	Zip Code 12106	Transaction ID : SB17.20501	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STEVEN BULGER			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address PO BOX 255			Amount of Each Disbursement this Period 2000.00	
City KINDERHOOK	State NY	Zip Code 12106	Transaction ID : SB17.20507	
Purpose of Disbursement STIPEND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. BULLFEATHERS			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 410 FIRST ST SE			Amount of Each Disbursement this Period 889.20	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.20585	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITAL ADVOCATES, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3 AURORA AVENUE			Amount of Each Disbursement this Period 5674.01	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Transaction ID : SB17.20480	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CAPITAL ADVOCATES, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 3 AURORA AVENUE			Amount of Each Disbursement this Period 5387.67	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Transaction ID : SB17.20481	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CAPITAL ADVOCATES, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address 3 AURORA AVENUE			Amount of Each Disbursement this Period 619.30	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Transaction ID : SB17.20482	
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	11680.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 1536.00
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement AMEX 11/3 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20586
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.20483
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.20484
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.20485
City MCLEAN	State VA	
Zip Code 22101	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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.20486
City MCLEAN	State VA	
Zip Code 22101	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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 152.00 Transaction ID : SB17.20487
City MCLEAN	State VA	
Zip Code 22101	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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	202.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. CLAVERACK PACKAGE STORE

Mailing Address 8 PARK PL ST

City: CLAVERRACK State: NY Zip Code: 12513

Purpose of Disbursement: AMEX 11/3 CC PAYMENT:CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 18 / 2014

Amount of Each Disbursement this Period: 125.93

Transaction ID : SB17.20588

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CLEAR CHANNEL OUTDOOR

Mailing Address 3714 N PANAM EXPY

City: SAN ANTONIO State: TX Zip Code: 78219

Purpose of Disbursement: AMEX 11/3 CC PAYMENT:PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.20590

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CLEAR CHANNEL OUTDOOR

Mailing Address 3714 N PANAM EXPY

City: SAN ANTONIO State: TX Zip Code: 78219

Purpose of Disbursement: AMEX 11/3 CC PAYMENT:PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2014

Amount of Each Disbursement this Period: 450.00

Transaction ID : SB17.20589

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CORNELL COOPERATIVE EXTENSION		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 2715 ROUTE 44		Amount of Each Disbursement this Period 75.00
City MILLBROOK	State NY	
Zip Code 12545	Purpose of Disbursement AMEX 11/3 CC PAYMENT:EVENT REGISTRATION FEE	Transaction ID : SB17.20592
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 7954.00
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.20492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 15000.00
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement ONLINE ADVERTISING	Transaction ID : SB17.20493
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	22954.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 3470.25
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.20494
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 2250.00
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name		Transaction ID : SB17.20668
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 3316.25
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.20495
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	9036.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.20669
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CROSSROADS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 66 CANAL CENTER PLAZA SUITE 500		Amount of Each Disbursement this Period 343848.46 Transaction ID : SB17.20496
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CROSSROADS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 66 CANAL CENTER PLAZA SUITE 500		Amount of Each Disbursement this Period 470396.95 Transaction ID : SB17.20497
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	814445.41
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 87 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN CRUMB		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.20502
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CULINARY INSTITUTE OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1946 CAMPUS DRIVE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.20595 [MEMO ITEM]
City HYDE PARK	State NY	
Zip Code 12538	Purpose of Disbursement AMEX 11/3 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CULINARY INSTITUTE OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1946 CAMPUS DRIVE		Amount of Each Disbursement this Period 2270.56 Transaction ID : SB17.20594 [MEMO ITEM]
City HYDE PARK	State NY	
Zip Code 12538	Purpose of Disbursement AMEX 11/3 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 124			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1046 KINDERHOOK ST		Amount of Each Disbursement this Period 38.23
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.20598 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1046 KINDERHOOK ST		Amount of Each Disbursement this Period 21.32
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.20597 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1046 KINDERHOOK ST		Amount of Each Disbursement this Period 51.95
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.20596 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. CURB

Full Name (Last, First, Middle Initial)
Mailing Address 5904 RICHMOND HWY
SUITE 600

City ALEXANDRIA State VA Zip Code 22303

Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 11.09

Transaction ID : SB17.20600

[MEMO ITEM]

B. CURB

Full Name (Last, First, Middle Initial)
Mailing Address 5904 RICHMOND HWY
SUITE 600

City ALEXANDRIA State VA Zip Code 22303

Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 12.81

Transaction ID : SB17.20599

[MEMO ITEM]

C. CVS PHARMACY

Full Name (Last, First, Middle Initial)
Mailing Address 2982 US 9

City VALATIE State NY Zip Code 12106

Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2014

Amount of Each Disbursement this Period: 17.25

Transaction ID : SB17.20602

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2982 US 9		Amount of Each Disbursement this Period 10.79
City VALATIE State NY Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.20604 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 2982 US 9		Amount of Each Disbursement this Period 10.25
City VALATIE State NY Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.20603 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2982 US 9		Amount of Each Disbursement this Period 37.08
City VALATIE State NY Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.20601 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NICHOLAS CZAJKA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.20504
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DC VIP CAB		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 11.09 Transaction ID : SB17.20605 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: GROUND TRANSPORTATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DC VIP CAB		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 10.28 Transaction ID : SB17.20606 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: GROUND TRANSPORTATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 2343.01
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.20500
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 37.22
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.20608
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 41.23
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.20609
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	2343.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 33.23
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.20607 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDERAL CITY CATERERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1119 12TH ST NW		Amount of Each Disbursement this Period 1222.63
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement AMEX 11/3 CC PAYMENT:CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20611 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 7.75
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20614 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 27.40
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.20613 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 11.50
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.20612 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. FILMWORKS109		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 8 AIRLINE DRIVE		Amount of Each Disbursement this Period 4000.00
City ALBANY State NY Zip Code 12205	Purpose of Disbursement WEB VIDEO PRODUCTION	
Candidate Name		Transaction ID : SB17.20517
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 2967 RTE 9		Amount of Each Disbursement this Period 8.62
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20617 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2967 RTE 9		Amount of Each Disbursement this Period 19.09
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20620 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 2967 RTE 9		Amount of Each Disbursement this Period 22.74
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20616 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 2967 RTE 9		Amount of Each Disbursement this Period 128.37
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20615 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 2967 RTE 9		Amount of Each Disbursement this Period 75.17
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20618 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 2967 RTE 9		Amount of Each Disbursement this Period 112.67
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20619 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RIDGE HARRIS			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address PO BOX 255			Amount of Each Disbursement this Period 1000.00	
City KINDERHOOK	State NY	Zip Code 12106	Transaction ID : SB17.20509	
Purpose of Disbursement STIPEND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. HERZOG'S HOME & PAINT CENTERS			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address PO BOX 3328			Amount of Each Disbursement this Period 757.73	
City KINGSTON	State NY	Zip Code 12402	Transaction ID : SB17.20520	
Purpose of Disbursement SIGN SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. HESS			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 384 FLATBUSH AVE			Amount of Each Disbursement this Period 36.23	
City KINGSTON	State NY	Zip Code 12401	Transaction ID : SB17.20621	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1757.23
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 98 OF 124			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOOKS SOLUTIONS, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 525 6TH STREET SE			Amount of Each Disbursement this Period 23469.52 Transaction ID : SB17.20522
City WASHINGTON	State DC	Zip Code 20003-2706	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. HOOKS SOLUTIONS, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 525 6TH STREET SE			Amount of Each Disbursement this Period 9004.63 Transaction ID : SB17.20523
City WASHINGTON	State DC	Zip Code 20003-2706	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. HUDSON VALLEY STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 526			Amount of Each Disbursement this Period 14268.00 Transaction ID : SB17.20524
City NASSAU	State NY	Zip Code 12123	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	46742.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUDSON VALLEY STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 526			Amount of Each Disbursement this Period 93548.00 Transaction ID : SB17.20525
City NASSAU	State NY	Zip Code 12123	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. HUDSON VALLEY STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 526			Amount of Each Disbursement this Period 4280.00 Transaction ID : SB17.20526
City NASSAU	State NY	Zip Code 12123	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. HUNTER MT SKI BOWL			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 64 KLEIN AVE			Amount of Each Disbursement this Period 18.50 Transaction ID : SB17.20623 [MEMO ITEM]
City HUNTER	State NY	Zip Code 12442	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	93548.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUNTER MT SKI BOWL		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 64 KLEIN AVE		Amount of Each Disbursement this Period 23.73
City HUNTER	State NY	
Zip Code 12442	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	Transaction ID : SB17.20624
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. JETS TRUCK & AUTOBODY		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2532 ROUTE 9H		Amount of Each Disbursement this Period 540.23
City Kinderhook	State NY	
Zip Code 12106	Purpose of Disbursement RENT	Transaction ID : SB17.20527
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LA BELLA'S VALATIE		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2967 US-9 #401		Amount of Each Disbursement this Period 15.07
City VALATIE	State NY	
Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	Transaction ID : SB17.20626
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	540.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LA BELLA'S VALATIE		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 2967 US-9 #401		Amount of Each Disbursement this Period 7,800.00 Transaction ID : SB17.20625
City VALATIE	State NY Zip Code 12184	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MEATH MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 441 KINGLE ST, NW		Amount of Each Disbursement this Period 43800.00 Transaction ID : SB17.20531
City WASHINGTON	State DC Zip Code 20016	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MEATH MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 441 KINGLE ST, NW		Amount of Each Disbursement this Period 34200.00 Transaction ID : SB17.20532
City WASHINGTON	State DC Zip Code 20016	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	78000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MEDICAL SOCIETY OF ALBANY COUNTY		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 408 KENWOOD AVE		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.20534
City DELMAR State NY Zip Code 12054	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OLIVIA MILLER		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.20503
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 20.49 Transaction ID : SB17.20535
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2320.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 124			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 149.01 Transaction ID : SB17.20536
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 15.59 Transaction ID : SB17.20537
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 196.57 Transaction ID : SB17.20538
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	361.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 274.61 Transaction ID : SB17.20539
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 326.48 Transaction ID : SB17.20540
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 1.52 Transaction ID : SB17.20541
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	602.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 124			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 448 S HILL ST STE 200			Amount of Each Disbursement this Period 12.60 Transaction ID : SB17.20542
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 448 S HILL ST STE 200			Amount of Each Disbursement this Period 3.02 Transaction ID : SB17.20543
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 448 S HILL ST STE 200			Amount of Each Disbursement this Period 131.35 Transaction ID : SB17.20544
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	146.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 57.78 Transaction ID : SB17.20545
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 94.58 Transaction ID : SB17.20546
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 108.46 Transaction ID : SB17.20547
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement MERCHANT FEES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	260.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. NEW YORK STATE INSURANCE FUND

Mailing Address 199 CHURCH ST

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 531.09

Transaction ID : SB17.20555

Category/Type

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

Mailing Address 300 FAIRVIEW AVE

City HUDSON State NY Zip Code 12534

Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 101.02

Transaction ID : SB17.20627

[MEMO ITEM]

Category/Type

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

Mailing Address 475 ALBANY SHAKER ROAD

City ALBANY State NY Zip Code 12211

Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 15.83

Transaction ID : SB17.20629

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 531.09

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PRICE CHOPPER		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address 475 ALBANY SHAKER ROAD		Amount of Each Disbursement this Period 21.74
City ALBANY State NY Zip Code 12211	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20630 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PUBLIC OPINION STRATEGIES		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 214 NORTH FAYETTE ST		Amount of Each Disbursement this Period 17800.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	Transaction ID : SB17.20558
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. QUARTIER PRINT AND MARKETING SERVICES		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 5795 BRIDGE STREET		Amount of Each Disbursement this Period 1000.90
City EAST SYRACUSE State NY Zip Code 13057	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20560
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	18800.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.20561
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2356.20 Transaction ID : SB17.20562
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2519.85 Transaction ID : SB17.20563
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9876.05
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 110 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REBECCA SHAW		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.20505
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 62.55 Transaction ID : SB17.20632
City HUDSON	State NY	
Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 38.87 Transaction ID : SB17.20631
City HUDSON	State NY	
Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 549 TROY SCHENECTADY RD		Amount of Each Disbursement this Period 11.24
City LATHAM State NY Zip Code 12110	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.20634 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THEODORE STEPHAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 1000.00
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.20513
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 60.08
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.20642 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 30.00
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20641
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 21.64
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20635
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 25.90
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20639
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 36.62
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20640
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 38.08
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20638
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 31.31
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20637
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 35.66
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20636
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1002 U.S. 9		Amount of Each Disbursement this Period 67.56
City VALATIE	State NY	
Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20645
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1002 U.S. 9		Amount of Each Disbursement this Period 29.23
City VALATIE	State NY	
Zip Code 12184	Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.20644
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1002 U.S. 9		Amount of Each Disbursement this Period 41.23
City VALATIE	State NY Zip Code 12184	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL		Transaction ID : SB17.20643
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 10.51
City HUDSON	State NY Zip Code 12534	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES		Transaction ID : SB17.20652
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 9.19
City HUDSON	State NY Zip Code 12534	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES		Transaction ID : SB17.20651
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	9.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. THE UPS STORE

Full Name (Last, First, Middle Initial)

Mailing Address 160 FAIRVIEW AVE
STE 133

City HUDSON State NY Zip Code 12534

Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 09 / 26 / 2014

Amount of Each Disbursement this Period 14.26

Transaction ID : SB17.20650

[MEMO ITEM]

B. THE UPS STORE

Full Name (Last, First, Middle Initial)

Mailing Address 160 FAIRVIEW AVE
STE 133

City HUDSON State NY Zip Code 12534

Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 10 / 01 / 2014

Amount of Each Disbursement this Period 14.26

Transaction ID : SB17.20649

[MEMO ITEM]

C. THE UPS STORE

Full Name (Last, First, Middle Initial)

Mailing Address 160 FAIRVIEW AVE
STE 133

City HUDSON State NY Zip Code 12534

Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 10 / 03 / 2014

Amount of Each Disbursement this Period 14.26

Transaction ID : SB17.20646

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 14.26
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20648 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 13.62
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 11/3 CC PAYMENT:DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.20647 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ULSTER COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO BOX 3413		Amount of Each Disbursement this Period 300.00
City KINGSTON State NY Zip Code 12402	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.20571
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VALATIE BAR AND GRILL		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3011 MAIN ST		Amount of Each Disbursement this Period 252.12
City VALATIE	State NY Zip Code 12184	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:CATERING SERVICES		Transaction ID : SB17.20654
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STEPHANIE VALLE		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 2000.00
City KINDERHOOK	State NY Zip Code 12106	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.20511
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 100.00
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:MOBILE PHONE EXPENSE		Transaction ID : SB17.20660
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 80.99
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement AMEX 11/3 CC PAYMENT:MOBILE PHONE EXPENSE	Transaction ID : SB17.20659
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 80.99
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement AMEX 11/3 CC PAYMENT:MOBILE PHONE EXPENSE	Transaction ID : SB17.20658
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 60.00
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement AMEX 11/3 CC PAYMENT:MOBILE PHONE EXPENSE	Transaction ID : SB17.20657
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 90.00
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:MOBILE PHONE EXPENSE		Transaction ID : SB17.20656
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 90.00
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:MOBILE PHONE EXPENSE		Transaction ID : SB17.20655
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VICTORYSTORE.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 5200 30TH ST SW		Amount of Each Disbursement this Period 3863.75
City DAVENPORT	State IA Zip Code 52802	
Purpose of Disbursement AMEX 11/3 CC PAYMENT:PRINTING & DESIGN SERVICES		Transaction ID : SB17.20661
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 124			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WESCO INSURANCE COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 5849			Amount of Each Disbursement this Period 218.25 Transaction ID : SB17.20573
City CLEVELAND	State OH	Zip Code 44101	
Purpose of Disbursement INSURANCE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. WILAND DIRECT			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address LOCKBOX #6049 WILAND DIRECT, INC.			Amount of Each Disbursement this Period 517.52 Transaction ID : SB17.20574
City DENVER	State CO	Zip Code 80217	
Purpose of Disbursement DIRECT MAIL LISTS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. WILAND DIRECT			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address LOCKBOX #6049 WILAND DIRECT, INC.			Amount of Each Disbursement this Period 1239.30 Transaction ID : SB17.20575
City DENVER	State CO	Zip Code 80217	
Purpose of Disbursement DIRECT MAIL LISTS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1975.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WILDHORSE WINE & LIQUORS LLC

Mailing Address 3009 MAIN ST

City VALATIE State NY Zip Code 12184

Purpose of Disbursement AMEX 11/3 CC PAYMENT:CATERING SERVICES

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 18 / 2014

Amount of Each Disbursement this Period: 78.74

Transaction ID : SB17.20663

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WINDING BROOK COUNTRY CLUB

Mailing Address 2839 NEW YORK 203

City VALATIE State NY Zip Code 12184

Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2014

Amount of Each Disbursement this Period: 4211.25

Transaction ID : SB17.20576

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

Mailing Address 283 USHERS RD

City CLIFTON PARK State NY Zip Code 12065

Purpose of Disbursement AMEX 11/3 CC PAYMENT:TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2014

Amount of Each Disbursement this Period: 49.23

Transaction ID : SB17.20664

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 4211.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 124	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANTHONY ZAMPELLI			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address PO BOX 255			Amount of Each Disbursement this Period 1000.00	
City KINDERHOOK	State NY	Zip Code 12106	Transaction ID : SB17.20515	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1163442.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 124			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 1561 ULSTER PROPERTIES LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 199 WEST RD SUITE 101		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.20470
City PLEASANT VALLEY State NY Zip Code 12569	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR ARNOLD L FISHER		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 87 DUSTY LANE		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.20477
City PINE PLAINS State NY Zip Code 12567	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SCALISE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO BOX 23219		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB20A.20566
City JEFFERSON State LA Zip Code 70183	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2650.00
TOTAL This Period (last page this line number only).....	2650.00