

# 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

Collins for Congress

ADDRESS (number and street) PO Box 386

Check if different than previously reported. (ACC)

Clarence NY 14031-0386

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ C C00520379

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

STATE ▼ DISTRICT NY 27

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y in the State of  

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

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

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 11 / 29 / 2016 through M M / D D / Y Y Y Y 12 / 31 / 2016

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 Jakubus, Jocelyn, , ,

Signature of Treasurer Jakubus, Jocelyn, , , [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 30405.00                | 30220.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 30405.00                | 30220.00                           |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 44355.75                | 64622.22                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 44355.75                | 64622.22                           |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 699176.77               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Collins for Congress**

Report Covering the Period: From:   /   /  11 / 29 / 2016 To:   /   /  12 / 31 / 2016

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 25175.00                              | 25175.00                                   |
| (ii) Unitemized.....   | 230.00                                | 45.00                                      |
| (iii) TOTAL of contributions from individuals ▶  | 25405.00                              | 25220.00                                   |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 5000.00                               | 5000.00                                    |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 30405.00                              | 30220.00                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 643.20                                     |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 30405.00                              | 30863.20                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 27

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 44355.75                      | 64622.22                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 500000.00                     | 500000.00                          |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 500000.00                     | 500000.00                          |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 2441.44                       | 2511.44                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 546797.19                     | 567133.66                          |

**III. CASH SUMMARY**

|   |            |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1215568.96 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 30405.00   |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 1245973.96 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 546797.19  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 699176.77  |

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

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

FOR LINE NUMBER: PAGE 5 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vito, Peter, M., ,**

Mailing Address 4695 E Lake Road

City: Wilson State: NY Zip Code: 14172-9793

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

Name of Employer: Pete Vito & Associates Occupation: President

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
675.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : **ACE11A7FDA35A47459AF**

Amount of Each Receipt this Period  
675.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Salvadore, Matthew, , ,**

Mailing Address 4157 Susan Drive

City: Buffalo State: NY Zip Code: 14221-7335

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

Name of Employer: CATCO Occupation: Civil Engineer

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : **A94AD53D3BEDC4429849**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Salvadore, Michael, W., Mr.,**

Mailing Address 4733 E. Lake Road

City: Burt State: NY Zip Code: 14028-9759

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

Name of Employer: CATCO Occupation: Road Contractor

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

Transaction ID : **A2FEBF4A402D44A9C99E**

Amount of Each Receipt this Period  
2700.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5875.00

**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: PAGE 6 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Czarnecki, Mark, J, ,**

Mailing Address 5019 Rockhaven Drive

City: Clarence State: NY Zip Code: 14031-2436

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

Name of Employer: M&T Bank Occupation: President

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
12 / 19 / 2016

Transaction ID : **A54CBDECC64E34B6D9CD**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mbugua, Elijah, , ,**

Mailing Address 66 Avian Way

City: Lancaster State: NY Zip Code: 14086-9223

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

Name of Employer: CATCO Occupation: Estimator

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
12 / 05 / 2016

Transaction ID : **A99067B1CB518418C8D4**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Armstrong, John, , ,**

Mailing Address 5515 Marthas Vineyard

City: Clarence Center State: NY Zip Code: 14032-9397

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

Name of Employer: Mueller Services Occupation: Vice President

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
12 / 16 / 2016

Transaction ID : **A2438B272B5344622BCC**

Amount of Each Receipt this Period  
2700.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7700.00

**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: PAGE 7 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Kayser, Kraig, , ,**

Mailing Address 3736 South Main Street

City Marion State NY Zip Code 14505-9751

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

Name of Employer Seneca Foods Occupation CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : **AB88286490F4C4467997**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Salvadore, Jenna, , ,**

Mailing Address 215 Via Foresta Lane

City Williamsville State NY Zip Code 14221-1986

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

Name of Employer N/A Occupation Student

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2016

Transaction ID : **A896578965AC641BFAF3**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Porter, Robert, , ,**

Mailing Address 8029 Old Route 17

City Salamanca State NY Zip Code 14779-9794

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : **A2E6B4DC928B14C38A47**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6200.00

**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 8 OF 27                        |                                    |
|   | <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |

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

**A.** 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: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : **ABF5DFA95BC574CA1A30**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stisser, Aaron, , ,**

Mailing Address 4845 Transit Road Apt. 404

City Depew State NY Zip Code 14043-4662

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

Name of Employer Occupation  
CATCO(Concrete Applied Technologies Co) Comptroller

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

Transaction ID : **ACCB6481843FE45699E7**

Amount of Each Receipt this Period  
2700.00

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

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 5400.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | 25175.00 |



# 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 27                                   |                                    |
|   | <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |

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

**A. General Electric Company PAC (Gepac)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1299 Pennsylvania Ave NW  
Ste 900

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : **A8FF5DC6EACE84900815**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Aircraft Owners & Pilots Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 421 Aviation Way

City Frederick State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

Transaction ID : **AD33E0CDD5A9496CA05**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Yahoo! Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00380535

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

Transaction ID : **AA4DF283795DB4042A8C**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |         |

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

|                                      |                                     |  |                                    |
|--------------------------------------|-------------------------------------|--|------------------------------------|
| FOR LINE NUMBER:<br>(check only one) |                                     | PAGE 10 OF 27                                  |                                    |
| <input type="checkbox"/> 11a<br>12   | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|                                      |                                     | <input type="checkbox"/> 15                    |                                    |

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

**A.** Full Name (Last, First, Middle Initial)  
**Allied Pilots Association PAC**

Mailing Address 14600 Trinity Blvd  
Ste 500

City Fort Worth State TX Zip Code 76155-2559

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

**Transaction ID : A04B2BAF777DD42599C3**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

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

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | 5000.00 |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 11 OF 27                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 05 / 2016 |
| Mailing Address 144 2nd Street<br>Floor 1   |  | FEC Identification Number<br>C                                |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94105-3718  |
| Purpose of Disbursement<br>Credit card processing fee   | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>112.50             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : B17518C3C8F984549B05                         |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 05 / 2016 |
| Mailing Address 144 2nd Street<br>Floor 1   |  | FEC Identification Number<br>C                                |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94105-3718  |
| Purpose of Disbursement<br>Credit card processing fee   | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>112.50             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : BEB25925E3C4F44D58C2                         |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Piryx, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 06 / 2016 |
| Mailing Address 144 2nd Street<br>Floor 1   |  | FEC Identification Number<br>C                                |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94105-3718  |
| Purpose of Disbursement<br>Credit card processing fee   | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>112.50             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : B93E06AAB8DCA493C8B0                         |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 337.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 12 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. White House Historical Association</b>                                   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 07 / 2016 |  |  |
| Mailing Address PO Box 27624  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20038-7624             | Amount of Each Disbursement this Period<br>1502.97            |  |  |
| Purpose of Disbursement<br>Gift   |  | Category/<br>Type<br>003           | Transaction ID : BAEAB7EC0B88341629FA                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Payroll By Paychex</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2016 |  |  |
| Mailing Address 33 Dodge Road #110  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Getzville   | State<br>NY  | Zip Code<br>14068-1540             | Amount of Each Disbursement this Period<br>211.96             |  |  |
| Purpose of Disbursement<br>Salary   |  | Category/<br>Type<br>001           | Transaction ID : B88604A448B5D4028A63                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Payroll By Paychex</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 09 / 2016 |  |  |
| Mailing Address 33 Dodge Road #110  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Getzville   | State<br>NY  | Zip Code<br>14068-1540             | Amount of Each Disbursement this Period<br>116.86             |  |  |
| Purpose of Disbursement<br>Payroll taxes and fees   |  | Category/<br>Type<br>001           | Transaction ID : B981CBAAF4C784FDEA41                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1831.79 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 13 OF 27 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Gula Graham</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2016 |
| Mailing Address 499 South Capitol Street SW<br>Ste 420  |  | FEC Identification Number<br>C                                |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-4027  |
| Purpose of Disbursement<br>Fundraising consultant   | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>4844.00            |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : <b>BF7AEE68D68E84919B7B</b>                  |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 16 / 2016 |
| Mailing Address 144 2nd Street<br>Floor 1   |  | FEC Identification Number<br>C                                |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94105-3718  |
| Purpose of Disbursement<br>Credit card processing fee   | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>30.42              |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : <b>BA397AAA36BA04479884</b>                  |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Piryx, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 16 / 2016 |
| Mailing Address 144 2nd Street<br>Floor 1   |  | FEC Identification Number<br>C                                |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94105-3718  |
| Purpose of Disbursement<br>Credit card processing fee   | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>121.50             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : <b>BF1FED04002C543F09FE</b>                  |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4995.92 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 14 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jakubus, Jocelyn, , ,</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 19 / 2016 |  |  |
| Mailing Address 8105 Miles Road   |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>East Amherst  | State<br>NY  | Zip Code<br>14051-1507             | Amount of Each Disbursement this Period<br>1000.00            |  |  |
| Purpose of Disbursement<br>Finance consultant   |  | Category/<br>Type<br>001           | Transaction ID : BB87A3C8AB4E245F89E4                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hook, Michael, , ,</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 19 / 2016 |  |  |
| Mailing Address 1541 Buccaneer Court  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Marco Island  | State<br>FL  | Zip Code<br>34145-4136             | Amount of Each Disbursement this Period<br>2000.00            |  |  |
| Purpose of Disbursement<br>Campaign consultant  |  | Category/<br>Type<br>001           | Transaction ID : BD51FF7292E58468DABC                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Payroll By Paychex</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 22 / 2016 |  |  |
| Mailing Address 33 Dodge Road #110  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Getzville   | State<br>NY  | Zip Code<br>14068-1540             | Amount of Each Disbursement this Period<br>211.98             |  |  |
| Purpose of Disbursement<br>Salary   |  | Category/<br>Type<br>001           | Transaction ID : BDD97088D788447C282C                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3211.98 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 15 OF 27 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Payroll By Paychex</b>   |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 23 / 2016 |  |  |
| Mailing Address 33 Dodge Road #110  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Getzville   | State<br>NY  | Zip Code<br>14068-1540             | Amount of Each Disbursement this Period<br>110.16             |  |  |
| Purpose of Disbursement<br>Payr   |  | Category/<br>Type<br>001           | Transaction ID : B957999F184464AC2B9B                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx, Inc.</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 28 / 2016 |  |  |
| Mailing Address 144 2nd Street Floor 1  |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94105-3718             | Amount of Each Disbursement this Period<br>45.00              |  |  |
| Purpose of Disbursement<br>Credit card processing fee   |  | Category/<br>Type<br>001           | Transaction ID : B1F7ABB241A66443F935                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Gula Graham</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2016 |  |  |
| Mailing Address 499 South Capitol Street SW Ste 420   |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-4027             | Amount of Each Disbursement this Period<br>1119.82            |  |  |
| Purpose of Disbursement<br>Fundraising consultant   |  | Category/<br>Type<br>001           | Transaction ID : B166FB3DDB6A8413BBA8                         |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1274.98 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 16 OF 27 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Gula Graham</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2016 |
| Mailing Address 499 South Capitol Street SW<br>Ste 420   |  | FEC Identification Number<br>C                                |
| City Washington  | State DC   | Zip Code 20003-4027   |
| Purpose of Disbursement<br>Fundraising consultant  | Category/Type<br>001   |   |
| Candidate Name   | Amount of Each Disbursement this Period<br>4394.25   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   | Transaction ID : BEFC994BD1AE04D9AA3B<br><input type="checkbox"/> Memo Item  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Axiom Strategies</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2016 |
| Mailing Address 1251 NW Briarcliff Parkway<br>Suite 85   |  | FEC Identification Number<br>C                                |
| City Kansas City   | State MO   | Zip Code 64116-1780   |
| Purpose of Disbursement<br>Polling, list rental, mailing   | Category/Type<br>005   |   |
| Candidate Name   | Amount of Each Disbursement this Period<br>11245.24  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   | Transaction ID : B4A235FCECDF04A7E939<br><input type="checkbox"/> Memo Item  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Gula Graham</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2016 |
| Mailing Address 499 South Capitol Street SW<br>Ste 420   |  | FEC Identification Number<br>C                                |
| City Washington  | State DC   | Zip Code 20003-4027   |
| Purpose of Disbursement<br>Fundraising consultant  | Category/Type<br>001   |   |
| Candidate Name   | Amount of Each Disbursement this Period<br>14292.50  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   | Transaction ID : B3DD1679BE9DC48BA9C5<br><input type="checkbox"/> Memo Item  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 29931.99 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 17 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2016 |
| Mailing Address PO Box 1270   |  | FEC Identification Number<br>C                                |
| City<br>Newark  | State<br>NJ  | Zip Code<br>07101-1270  |
| Purpose of Disbursement<br>Credit card payment  | Category/<br>Type<br>001   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>2624.86            |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : B01FABE0B64B44618A28                         |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Prime Wines Corp.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 29 / 2016 |
| Mailing Address 3445 Delaware Avenue  |  | FEC Identification Number<br>C                                |
| City<br>Kenmore   | State<br>NY  | Zip Code<br>14217-1213  |
| Purpose of Disbursement<br>Fundraising event  | Category/<br>Type<br>007   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>339.04             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : B3B099B887EF1498C8F4                         |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2016 |
| Mailing Address 4333 Amon Carter Blvd.  |  | FEC Identification Number<br>C                                |
| City<br>Ft Worth  | State<br>TX  | Zip Code<br>76155-2605  |
| Purpose of Disbursement<br>Travel fee   | Category/<br>Type<br>002   |   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>23.95              |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : B4E97121FA38C4BEC940                         |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 2624.86 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 18 OF 27                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Airlines</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2016 |  |
| Mailing Address 4333 Amon Carter Blvd.  |  |   | FEC Identification Number<br>C                                |  |
| City<br>Ft Worth  | State<br>TX  | Zip Code<br>76155-2605                        | Amount of Each Disbursement this Period<br>191.10             |  |
| Purpose of Disbursement<br>Airfare  |  | Category/<br>Type<br>002                      | Transaction ID : B102A4285C26B4194A93                         |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2016 |  |
| Mailing Address 4333 Amon Carter Blvd.  |  |   | FEC Identification Number<br>C                                |  |
| City<br>Ft Worth  | State<br>TX  | Zip Code<br>76155-2605                        | Amount of Each Disbursement this Period<br>11.98              |  |
| Purpose of Disbursement<br>Travel fee   |  | Category/<br>Type<br>002                      | Transaction ID : BF7C8718F722E43489F1                         |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Emma, Inc.</b>   |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2016 |  |
| Mailing Address 2120 8th Avenue S   |  |   | FEC Identification Number<br>C                                |  |
| City<br>Nashville   | State<br>TN  | Zip Code<br>37204-2204                        | Amount of Each Disbursement this Period<br>206.98             |  |
| Purpose of Disbursement<br>Monthly email  |  | Category/<br>Type<br>001                      | Transaction ID : B94C58404B95B49E58C8                         |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 19 OF 27                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lavagna</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 06 / 2016 |  |  |
| Mailing Address 539 8th St. SE  |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-2835                        | Amount of Each Disbursement this Period<br>213.20             |  |  |
| Purpose of Disbursement<br>Fundraising dinner   |  | Category/<br>Type<br>003                      | Transaction ID : B9F2E92C225B14FFDB10                         |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marketing Technologies of WNY</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 09 / 2016 |  |  |
| Mailing Address 2495 Main Street<br>Suite 454   |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>Buffalo   | State<br>NY  | Zip Code<br>14214-2152                        | Amount of Each Disbursement this Period<br>332.50             |  |  |
| Purpose of Disbursement<br>Printing   |  | Category/<br>Type<br>006                      | Transaction ID : B8D46889D432E4B90ADE                         |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Prime Wines Corp.</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2016 |  |  |
| Mailing Address 3445 Delaware Avenue  |  |   | FEC Identification Number<br>C                                |  |  |
| City<br>Kenmore   | State<br>NY  | Zip Code<br>14217-1213                        | Amount of Each Disbursement this Period<br>266.38             |  |  |
| Purpose of Disbursement<br>Fundraising event  |  | Category/<br>Type<br>007                      | Transaction ID : BC84FD21AF34C46CF808                         |  |  |
| Candidate Name  |  | <input checked="" type="checkbox"/> Memo Item |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |  |
| State: District:  |  |   |   |  |  |

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 20 OF 27                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle</b>  |  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 15 / 2016 |  |
| Mailing Address 205 Pennsylvania Avenue SE  |  |   | FEC Identification Number<br>C                                |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-1164                        | Amount of Each Disbursement this Period<br>500.00             |  |
| Purpose of Disbursement<br>Monthly software   |  | Category/<br>Type<br>001                      | Transaction ID : B020B438124754DDBB65                         |  |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |
| State: District:  |  |   |   |  |

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

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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 44209.02 |

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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 21 OF 27                                  |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Collins, Christopher, C, ,</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 29 / 2016 |
| Mailing Address 9660 Cobblestone Drive  |  | FEC Identification Number<br>C C00520379                      |
| City<br>Clarence  | State<br>NY  | Zip Code<br>14031-1576  |
| Purpose of Disbursement<br>Loan Repayment: Loan Received  |  | Amount of Each Disbursement this Period<br>245500.00          |
| Candidate Name<br><b>Collins, Christopher, C, ,</b>   |  | Transaction ID : B1FD5E6EAB8544FA1839                         |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: NY District: 27  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Collins, Christopher, C, ,</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 29 / 2016 |
| Mailing Address 9660 Cobblestone Drive  |  | FEC Identification Number<br>C C00520379                      |
| City<br>Clarence  | State<br>NY  | Zip Code<br>14031-1576  |
| Purpose of Disbursement<br>Loan Repayment: Loan Received  |  | Amount of Each Disbursement this Period<br>4500.00            |
| Candidate Name<br><b>Collins, Christopher, C, ,</b>   |  | Transaction ID : B8C9884E5B6434E68892                         |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: NY District: 27  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Collins, Christopher, C, ,</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 29 / 2016 |
| Mailing Address 9660 Cobblestone Drive  |  | FEC Identification Number<br>C C00520379                      |
| City<br>Clarence  | State<br>NY  | Zip Code<br>14031-1576  |
| Purpose of Disbursement<br>Loan Repayment: Loan Received  |  | Amount of Each Disbursement this Period<br>150000.00          |
| Candidate Name<br><b>Collins, Christopher, C, ,</b>   |  | Transaction ID : B207AAAE03665427CB4B                         |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: NY District: 27  |  |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 400000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |           |

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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 22 OF 27                                  |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |                        |   |  |
|--|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Collins, Christopher, C, ,</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 29 / 2016 |  |
| Mailing Address 9660 Cobblestone Drive   |  |                        | FEC Identification Number<br><b>C</b> C00520379               |  |
| City<br>Clarence   | State<br>NY  | Zip Code<br>14031-1576 | Amount of Each Disbursement this Period<br>100000.00          |  |
| Purpose of Disbursement<br>Loan Repayment: Loan Received   |  |                        | Transaction ID : B395878A5F3AE4AB68C5                         |  |
| Candidate Name<br><b>Collins, Christopher, C, ,</b>  |  |                        | Memo Item <input type="checkbox"/>                            |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: NY  | District: 27   |                        |   |  |

|   |  |          |   |  |
|---|--|----------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  |          | Date of Disbursement<br>M M / D D / Y Y Y Y |  |
| Mailing Address   |  |          | FEC Identification Number<br><b>C</b>       |  |
| City  | State  | Zip Code | Amount of Each Disbursement this Period     |  |
| Purpose of Disbursement   |  |          | Memo Item <input type="checkbox"/>          |  |
| Candidate Name  |  |          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |          |   |  |
| State:  | District:  |          |   |  |

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

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 100000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 500000.00 |

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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 23 OF 27                       |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Private Knives Catering</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 07 / 2016 |
| Mailing Address 5472 Broadway Street  |  | FEC Identification Number<br>C                                |
| City Lancaster  | State NY   | Zip Code 14086-2133   |
| Purpose of Disbursement<br>Boy Scout event contribution   |  | Category/Type<br>012  |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>2441.44            |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : BA67F664717E0497BA5F                         |
| State: District:  |  | <input type="checkbox"/> Memo Item                            |

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

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

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 2441.44 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2441.44 |

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : CADDA0FBD2FDC4104B4F

|   |             |   |
|---|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Collins, Christopher, C, , <input type="checkbox"/> Memo Item |             | Election: 2012<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>9660 Cobblestone Drive   |             |   |
| City<br>Clarence  | State<br>NY | ZIP Code<br>14031-1576<br><input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                      |   |   |
|--------------------------------------|---|---|
| Original Amount of Loan<br>150000.00 | Cumulative Payment To Date<br>150000.00 | Balance Outstanding at Close of This Period<br>0.00 |
|--------------------------------------|---|---|

|              |                      |                |                                  |   |
|--------------|----------------------|----------------|----------------------------------|---|
| <b>TERMS</b> | Date Incurred        | Date Due       | Interest Rate (If none, enter 0) | Secured:  |
|              | M 09 / D 13 / Y 2012 | M / D / Y None | 0.00 % (apr)                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

|   |      |
|---|------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 0.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |      |

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **C9E094F9391454CCCAF8**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Collins, Christopher, C, , |             | <input type="checkbox"/> Memo Item | Election: 2012<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>9660 Cobblestone Drive  |             |                                    |   |
| City<br>Clarence   | State<br>NY | ZIP Code<br>14031-1576             | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                    |                                       |   |
|------------------------------------|---------------------------------------|---|
| Original Amount of Loan<br>4500.00 | Cumulative Payment To Date<br>4500.00 | Balance Outstanding at Close of This Period<br>0.00 |
|------------------------------------|---------------------------------------|---|

|              |                                       |                                |  |   |
|--------------|---------------------------------------|--------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 03 / D 26 / Y 2012 | Date Due<br>M M / D D / Y None | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

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

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

|   |      |
|---|------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 0.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |      |

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : C5E5B67318DC24682866  
 Collins for Congress

|   |             |   |
|---|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item<br>Collins, Christopher, C, , |             | Election: 2012<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>9660 Cobblestone Drive   |             |   |
| City<br>Clarence  | State<br>NY | ZIP Code<br>14031-1576  |
|   |             | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                      |   |   |
|--------------------------------------|---|---|
| Original Amount of Loan<br>100000.00 | Cumulative Payment To Date<br>100000.00 | Balance Outstanding at Close of This Period<br>0.00 |
|--------------------------------------|---|---|

|  |                                |  |   |
|--|--------------------------------|--|---|
| <b>TERMS</b> Date Incurred<br>M 08 / D 30 / Y 2012 | Date Due<br>M M / D D / Y None | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--------------------------------|--|---|

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer   |
|--|--|
| Mailing Address                            | Occupation   |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                            | Occupation   |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                            | Occupation   |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                            | Occupation   |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|   |  |
|---|--|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | <input style="width: 100%;" type="text" value="0.00"/> |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | <input style="width: 100%;" type="text"/>              |

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **CD6966E78E5E34DEAB2D**

|  |             |                                    |   |
|--|-------------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Collins, Christopher, C, , |             | <input type="checkbox"/> Memo Item | Election: 2012<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>9660 Cobblestone Drive  |             |                                    |   |
| City<br>Clarence   | State<br>NY | ZIP Code<br>14031-1576             | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |

|                                      |   |   |
|--------------------------------------|---|---|
| Original Amount of Loan<br>245500.00 | Cumulative Payment To Date<br>245500.00 | Balance Outstanding at Close of This Period<br>0.00 |
|--------------------------------------|---|---|

|              |                                       |                                |  |   |
|--------------|---------------------------------------|--------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 04 / D 17 / Y 2012 | Date Due<br>M M / D D / Y None | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

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

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

|   |      |
|---|------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 0.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | 0.00 |

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