

# 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

MARINO FOR CONGRESS

ADDRESS (number and street) PO BOX 653

Check if different than previously reported. (ACC) WILLIAMSPORT PA 17703

2. **FEC IDENTIFICATION NUMBER** C C00475145

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

CITY STATE ZIP CODE STATE DISTRICT

PA 10

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 through M M / D D / Y Y Y Y

10 / 01 / 2013 through 12 / 31 / 2013

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 Howard Rothenberg

Signature of Treasurer Howard Rothenberg *[Electronically Filed]* Date M M / D D / Y Y Y Y

01 / 28 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MARINO 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))....	116248.66	433640.43
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	115248.66	432140.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	58177.24	159454.96
(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)).....	58177.24	159454.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	282549.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MARINO FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39029.74	239112.99
(ii) Unitemized.....	10290.00	22098.52
(iii) TOTAL of contributions from individuals ▶	49319.74	261211.51
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	66928.92	172428.92
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	116248.66	433640.43
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	258.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	116248.66	433898.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58177.24	159454.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	12227.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1500.00
21. OTHER DISBURSEMENTS .....	1570.00	3551.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	60747.24	176732.96

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	227047.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	116248.66
25. SUBTOTAL (add Line 23 and Line 24).....	343296.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60747.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	282549.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Berger Dr.**

Mailing Address 44 Reynolds Street

City State Zip Code  
Kingston PA 18704

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.15008**

Amount of Each Receipt this Period

Contribution

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

Mailing Address 12910 Creamy Hill Drive

City State Zip Code  
Germantown MD 20874

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cassidy & Associates Sr Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.14778**

Amount of Each Receipt this Period

Contribution

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

Mailing Address 2816 Lincoln Drive

City State Zip Code  
Montoursville PA 17754

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fisher Mining Company Coal Operator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.15095**

Amount of Each Receipt this Period

Contribution

**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 6 OF 70
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David Brojack</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 350 Commerce Drive		<b>Transaction ID : SA11AI.14946</b>	
City Scott Township	State PA	Zip Code 18447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00	
Name of Employer Brojack Lumber Co	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Roger L Brown</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013	
Mailing Address 199 Nl. Fourth Street		<b>Transaction ID : SA11AI.15106</b>	
City Towanda	State PA	Zip Code 18848	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00	
Name of Employer RL Brown Detective Agency	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Carolyn W Bullock</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013	
Mailing Address 1416 Locust Street		<b>Transaction ID : SA11AI.15111</b>	
City Williamsport	State PA	Zip Code 17701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1525.00
<b>TOTAL</b> 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 7 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eric A Chaffee**

Mailing Address RR 3, Box 36C

City: Wyalusing State: PA Zip Code: 18853

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: 12 / 07 / 2013

**Transaction ID : SA11AI.15011**

Amount of Each Receipt this Period: 100.00

Contribution

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

Mailing Address 88 Carriage Square

City: Montoursville State: PA Zip Code: 17754

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

Name of Employer: Clear Channel Radio Occupation: Radio Personality

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 12 / 19 / 2013

**Transaction ID : SA11AI.15094**

Amount of Each Receipt this Period: 100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Pamela A Clifford**

Mailing Address 12 Sitting Bull Trail

City: Gouldsboro State: PA Zip Code: 18424

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: 800.00

Date of Receipt: 12 / 04 / 2013

**Transaction ID : SA11AI.14961**

Amount of Each Receipt this Period: 50.00

Contribution

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela A Clifford**

Mailing Address 12 Sitting Bull Trail

City State Zip Code  
Gouldsboro PA 18424

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  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2013

**Transaction ID : SA11AI.15017**

Amount of Each Receipt this Period  
100.00  
Contribution

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

Mailing Address 1007 Turkey Run Road

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Cassidy & Associates Dir of Business Development

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 / 21 / 2013

**Transaction ID : SA11AI.14868**

Amount of Each Receipt this Period  
500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Nancy Crockett**

Mailing Address 918 Lockhart Street

City State Zip Code  
Sayre PA 18840

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  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2013

**Transaction ID : SA11AI.14766**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

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

1600.00

**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 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Keith W Eckel**

Mailing Address 1647 Falls Road

City State Zip Code  
Clarks Summit PA 18411

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

Name of Employer Occupation  
Self-Employed Farmer

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 / 20 / 2013

**Transaction ID : SA11AI.14810**

Amount of Each Receipt this Period  
2500.00  
Contribution

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

Mailing Address PO Box 765

City State Zip Code  
Sunbury PA 17801

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  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2013

**Transaction ID : SA11AI.15023**

Amount of Each Receipt this Period  
100.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**David N. Geise**

Mailing Address 1300 ST RT 405

City State Zip Code  
Milton PA 17847

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

Name of Employer Occupation  
Furmano Foods CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2013

**Transaction ID : SA11AI.15063**

Amount of Each Receipt this Period  
100.00  
Contribution

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

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

2700.00

**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 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mitch Glazier**

Mailing Address 7313 Durbin Terrace

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Recording Industry Assoc. of A Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2013

**Transaction ID : SA11AI.14767**

Amount of Each Receipt this Period  
 1500.00  
 Contribution

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

Mailing Address 12626 Fantasia Drive

City State Zip Code  
Herndon VA 21070

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

Name of Employer Occupation  
Cassidy & Associates Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2013

**Transaction ID : SA11AI.14780**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Victor Hellstrom**

Mailing Address PO Box 272

City State Zip Code  
Marshalls Creek PA 18335

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

Name of Employer Occupation  
Easy Access Medical Supply Self

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  
 11 / 29 / 2013

**Transaction ID : SA11AI.14900**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

2000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew C Hooker**

Mailing Address 211 Leuck Drive

City State Zip Code  
Cogan Station PA 17728

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

Name of Employer Occupation  
Penram Corporation 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  
 12 / 02 / 2013

**Transaction ID : SA11A1.14943**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address RR 1, Box 135

City State Zip Code  
Montrose PA 18801

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

Name of Employer Occupation  
Royale Energy Director of Information Technology

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11A1.15118**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Kaiser**

Mailing Address 1703 Pentridge Cove

City State Zip Code  
Williamsport PA 17701

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

Name of Employer Occupation  
Fairfield Chrysler Dodge Jeep President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 07 / 2013

**Transaction ID : SA11A1.15012**

Amount of Each Receipt this Period  
 Contribution 500.00

**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 12 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Keller**

Mailing Address **PO Box 190**

City **Port Trevorton** State **PA** Zip Code **17864**

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  
**12 / 02 / 2013**

**Transaction ID : SA11AI.14952**

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

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

Mailing Address **52 Fisher Circle**

City **Cogan Station** State **PA** Zip Code **17728**

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

Name of Employer **Homemaker** Occupation **Homemaker**

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  
**12 / 22 / 2013**

**Transaction ID : SA11AI.15090**

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

**C.** Full Name (Last, First, Middle Initial)  
**James E Link**

Mailing Address **7430 Arrowood Road**

City **Bethesda** State **MD** Zip Code **20817**

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

Name of Employer **Cromac Group LLC** Occupation **Partner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 04 / 2013**

**Transaction ID : SA11AI.14967**

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

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 70
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert F Malcolm</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013
Mailing Address 15 Hemlock Road		<b>Transaction ID : SA11AI.14763</b>
City Williamsport	State Zip Code PA 17701	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period Contribution 200.00
Name of Employer Auto Track	Occupation General Manager	Contribution 700.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Robert F Malcolm</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2013
Mailing Address 15 Hemlock Road		<b>Transaction ID : SA11AI.14962</b>
City Williamsport	State Zip Code PA 17701	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Auto Track	Occupation General Manager	Contribution 800.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Jimmy Masarwa</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013
Mailing Address 16 Orbit Lane		<b>Transaction ID : SA11AI.14774</b>
City Staten Island	State Zip Code NY 10314	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period Contribution 250.00
Name of Employer American Eagle Furniture	Occupation President	Contribution 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Mason**

Mailing Address 3302 Rolling Road

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Cassidy & Associates Exe Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2013

**Transaction ID : SA11AI.14805**

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 7000 Falls Reach Drive

City State Zip Code  
Falls Church VA 22043

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

Name of Employer Occupation  
Cassidy & Associates Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2013

**Transaction ID : SA11AI.14803**

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Ann Moran**

Mailing Address 771 Supplee Mill Road

City State Zip Code  
Lewisburg PA 17837

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  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11AI.15068**

Amount of Each Receipt this Period  
2600.00

Contribution

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ann Moran**

Mailing Address 771 Supplee Mill Road

City Lewisburg State PA Zip Code 17837

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11A1.15069**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**John D. Moran Jr.**

Mailing Address 771 Supplee Mill Road

City Lewisburg State PA Zip Code 17837

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

Name of Employer Moran Industries Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11A1.15065**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**John D. Moran Jr.**

Mailing Address 771 Supplee Mill Road

City Lewisburg State PA Zip Code 17837

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

Name of Employer Moran Industries Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11A1.15066**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

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

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

7800.00

**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 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn S Nassberg**

Mailing Address 1501 Glen Echo Road

City Williamsport State PA Zip Code 17701

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

Name of Employer Victorian Holdings LLC Occupation 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  
 10 / 04 / 2013

**Transaction ID : SA11AI.14757**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

Mailing Address 1501 Glen Echo Road

City Williamsport State PA Zip Code 17701

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

Name of Employer Victorian Holdings LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : SA11AI.15307**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn S Nassberg**

Mailing Address 1501 Glen Echo Road

City Williamsport State PA Zip Code 17701

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

Name of Employer Victorian Holdings LLC Occupation 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  
 12 / 27 / 2013

**Transaction ID : SA11AI.15310**

Amount of Each Receipt this Period  
 Contribution 2400.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Terry L Paul**

Mailing Address 700 13th Street

City Washington State DC Zip Code 20005

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

Name of Employer Cassidy & Associates Occupation Exe Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11AI.14808**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 12910 Creamery Hill Drive

City McLean State VA Zip Code 22101

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

Name of Employer Cassidy & Associates Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : SA11AI.14776**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jean Rhodes**

Mailing Address 6793 Father John Court

City McLean State VA Zip Code 22101

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
444.44

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11AI.15137**

Amount of Each Receipt this Period  
 In-kind - Food and Beverages for Event 444.44

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

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

1694.44

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.15137

W Miller & Company 1335 14th Street NW, Washington DC 20005

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard D Roan**

Mailing Address 116 Chriswick Road

City Williamsport State PA Zip Code 17701

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

Name of Employer: Roan Auctioneers Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **12 / 03 / 2013**

**Transaction ID : SA11AI.14958**

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

Contribution

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

Mailing Address 11124 Arroyo Drive

City Rockville State MD Zip Code 20852

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

Name of Employer: Parry Romani Deconcini & Symms Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1750.00**

Date of Receipt: **12 / 12 / 2013**

**Transaction ID : SA11AI.14987**

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

Contribution

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

Mailing Address 548 Heritage Oak Lane

City Yardley State PA Zip Code 19067

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

Name of Employer: Burns Pharmacy Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **350.00**

Date of Receipt: **12 / 04 / 2013**

**Transaction ID : SA11AI.14975**

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

Contribution

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Vance W Schuemann**

Mailing Address 505 Cathedral Drive

City Alexandria State VA Zip Code 22314

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

Name of Employer Appian Consulting Occupation Manager Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11AI.14969**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 918 W. Lockhart Street

City Sayre State PA Zip Code 18840

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2013

**Transaction ID : SA11AI.14765**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Singer**

Mailing Address 3308 Fallstaff Road

City Baltimore State MD Zip Code 21215

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

Name of Employer Excelon Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11AI.14775**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick J Solano**

Mailing Address 157 Center Street

City State Zip Code  
Pittston PA 18640

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

Name of Employer Occupation  
Self-Employed Professional Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 27 / 2013

**Transaction ID : SA11AI.15308**

Amount of Each Receipt this Period  
2500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Andrew J Sordoni III**

Mailing Address 45 Owen Street

City State Zip Code  
Forty Fort PA 18704

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

Name of Employer Occupation  
Sordoni Construction Services Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11AI.15026**

Amount of Each Receipt this Period  
250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Marvin Staiman**

Mailing Address 135 Grampian Blvd

City State Zip Code  
Williamsport PA 17701

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

Name of Employer Occupation  
Staiman Brothers Chairman

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 / 29 / 2013

**Transaction ID : SA11AI.14877**

Amount of Each Receipt this Period  
100.00  
Contribution

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Staiman**

Mailing Address 201 Hepburn Street

City Williamsport State PA Zip Code 17754

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

Name of Employer Staiman Recycling Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : SA11AI.15024**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 2050 Furnace Road

City Lewisburg State PA Zip Code 17837

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11AI.15048**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Sullivan**

Mailing Address 595 Rider Court

City Claremont State CA Zip Code 91711

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

Name of Employer Star Drug Occupation Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.14921**

Amount of Each Receipt this Period  
 Contribution 1000.00

**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: (check only one)	PAGE 23 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Vincent J Tully MD**

Mailing Address 180 Kellows Road

City Honesdale State PA Zip Code 18431

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : SA11AI.14756**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 1305 Adele Road

City Montoursville State PA Zip Code 17754

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11AI.14948**

Amount of Each Receipt this Period  
 Contribution 150.00

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

Mailing Address 1305 Adele Road

City Montoursville State PA Zip Code 17754

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : SA11AI.15019**

Amount of Each Receipt this Period  
 Contribution 100.00

**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 24 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Urban**

Mailing Address 42 Chestnut Street

City Wellesley State MA Zip Code 02481

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

Name of Employer ACG Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1720.30

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11AI.15140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 220.30

In-kind - Food and Beverage for Event

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

Mailing Address 416 Vandine Road

City Montoursville State PA Zip Code 17754

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

Name of Employer RSP, Inc. Occupation Business Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : SA11AI.14966**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 40.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Thelma White**

Mailing Address 154 Longreach Lane

City Pennsdale State PA Zip Code 17756

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 Y  
 12 / 20 / 2013

**Transaction ID : SA11AI.15099**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Contribution

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

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

\_\_\_\_\_ 310.30

\_\_\_\_\_

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.15140

Sonoma Restaurant 233 Pennsylvania Avenue Washington DC 20003

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joanne H Wise**

Mailing Address 115 W Third Street

City State Zip Code  
Berwick PA 18603

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  
 12 / 13 / 2013

**Transaction ID : SA11Al.15029**

Amount of Each Receipt this Period  
 Contribution 100.00

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

100.00

39029.74

**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 70
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE. FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 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  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2013

Transaction ID : SA11C.14936

Amount of Each Receipt this Period  
 Contribution  
 1000.00

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

Mailing Address Worldwide Headquarters  
1932 Wynnton Road

City State Zip Code  
Columbus GA 31999

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2013

Transaction ID : SA11C.14934

Amount of Each Receipt this Period  
 Contribution  
 1000.00

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

Mailing Address 1156 15TH STREET, NW SUITE 302

City State Zip Code  
WASHINGTON DC 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  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2013

Transaction ID : SA11C.14813

Amount of Each Receipt this Period  
 Contribution  
 1000.00

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

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE**

Mailing Address 762 West Lancaster Avenue

City State Zip Code  
Bryn Mawr PA 19010

FEC ID number of contributing federal political committee. **C C00340455**

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  
12 / 27 / 2013

**Transaction ID : SA11C.15309**

Amount of Each Receipt this Period  
2500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ARENT FOX LLP PAC (AFPAC)**

Mailing Address ARENT FOX LLP  
1717 K STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00241380**

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 Y Y  
11 / 02 / 2013

**Transaction ID : SA11C.14769**

Amount of Each Receipt this Period  
1500.00  
Contribution

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

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00412288**

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 Y Y  
12 / 26 / 2013

**Transaction ID : SA11C.15122**

Amount of Each Receipt this Period  
2500.00  
Contribution

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

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

6500.00

**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 70
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**CISCO SYSTEMS, INC. FEDERAL PAC, AKA CISCO SYSTEMS EPAC**

Mailing Address 400 CAPITOL MALL, STE 1545

City	State	Zip Code
SACRAMENTO	CA	95814

FEC ID number of contributing federal political committee. **C C00362707**

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
12	/	26	/	2013

**Transaction ID : SA11C.15123**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**CLEAR CHANNEL COMMUNICATIONS INC. PAC**

Mailing Address 200 E. BASSE ROAD

City	State	Zip Code
SAN ANTONIO	TX	78209

FEC ID number of contributing federal political committee. **C C00279216**

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
12	/	26	/	2013

**Transaction ID : SA11C.15125**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing federal political committee. **C C00248716**

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
11	/	20	/	2013

**Transaction ID : SA11C.14790**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4000.00  
 Contribution

**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 30 OF 70
<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CONSUMER ELECTRONICS ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : SA11C.15132**

Amount of Each Receipt this Period  
 489.55

In-kind - Food and Beverages for Event

**B.** Full Name (Last, First, Middle Initial)  
**CONSUMER ELECTRONICS ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : SA11C.15135**

Amount of Each Receipt this Period  
 189.37

In-kind - Beverages for Event

**C.** Full Name (Last, First, Middle Initial)  
**CONSUMER ELECTRONICS ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : SA11C.15120**

Amount of Each Receipt this Period  
 2500.00

Contribution

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

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

3178.92

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

Form/Schedule: SA11C

Transaction ID : SA11C.15132

Hill Country Barbeque Market, 401 7th Street NW, Washington, DC 20004

Form/Schedule: SA11C

Transaction ID: SA11C.15135

ACE Beverage 3301 New Mexico Avenue NW, Washington DC 20016

**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 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CVS/CAREMARK CORPORATION EMPLOYEES PAC**

Mailing Address 1300 EYE STREET, NW  
SUITE 525W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00384818**

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 Y Y  
 12 / 18 / 2013

**Transaction ID : SA11C.15055**

Amount of Each Receipt this Period  
 1500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')**

Mailing Address 601 HAWAII STREET

City EL SEGUNDO State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C C00340943**

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  
 12 / 18 / 2013

**Transaction ID : SA11C.15054**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address ONE JAMES RIVER PLAZA, 20TH FLOOR  
P.O. BOX 26666

City RICHMOND State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C C00108209**

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  
 11 / 20 / 2013

**Transaction ID : SA11C.14796**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**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 33 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DOMINION POLITICAL ACTION COMMITTEE**

Mailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR**  
**P.O. BOX 26666**

City **RICHMOND** State **VA** Zip Code **23261**

FEC ID number of contributing federal political committee. **C C00108209**

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 / 29 / 2013**

**Transaction ID : SA11C.14937**

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

**B.** Full Name (Last, First, Middle Initial)  
**FERT PAC (THE POLITICAL ACTION COMMITTEE OF THE FERTILIZER INSTITUTE)**

Mailing Address **820 FIRST STREET, NE**  
**SUITE 430**

City **WASHINGTON** State **DC** Zip Code **20002**

FEC ID number of contributing federal political committee. **C C00085910**

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  
**11 / 20 / 2013**

**Transaction ID : SA11C.14797**

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

**C.** Full Name (Last, First, Middle Initial)  
**FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE**

Mailing Address **76 SOUTH MAIN STREET**

City **AKRON** State **OH** Zip Code **44308**

FEC ID number of contributing federal political committee. **C C00140855**

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  
**11 / 25 / 2013**

**Transaction ID : SA11C.14874**

Amount of Each Receipt this Period  
 Contribution **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 34 OF 70
	<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)  
**MARINO FOR CONGRESS**

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

Mailing Address 631-B Pennsylvania Ave., SE  
Basement UNIT

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11C.15114**

Amount of Each Receipt this Period  
 Contribution 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900W

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11C.14783**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 1150 18TH ST., NW  
SUITE 200

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11C.14788**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

7000.00

**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 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HUMANE SOCIETY LEGISLATIVE FUND**

Mailing Address 519 C STREET NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C90009358

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11C.14789**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTEL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET N.W. #1025

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11C.15080**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11C.15073**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC

Mailing Address BOX 64101

City ST PAUL State MN Zip Code 55164

FEC ID number of contributing federal political committee. **C** C00009423

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  
 11 / 25 / 2013

**Transaction ID : SA11C.14871**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
LARSON DESIGN GROUP PAC

Mailing Address 1000 COMMERCE PARK DRIVE

City WILLIAMSPORT State PA Zip Code 17701

FEC ID number of contributing federal political committee. **C** C00366229

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11C.15037**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
LINDE NORTH AMERICA INC ALLIANCE FOR GOOD GOVERNMENT (LINDE PAC)

Mailing Address 575 MOUNTAIN AVENUE

City MURRAY HILL State NJ Zip Code 07974

FEC ID number of contributing federal political committee. **C** C00471193

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 Y Y  
 11 / 20 / 2013

**Transaction ID : SA11C.14800**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 70
	<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)  
**MARINO FOR CONGRESS**

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

Mailing Address 1550 Crystal Drive  
Suite 300

City Arlington State VA Zip Code 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  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : SA11C.14760**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 1550 Crystal Drive  
Suite 300

City Arlington State VA Zip Code 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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11C.14873**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 1550 Crystal Drive  
Suite 300

City Arlington State VA Zip Code 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  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11C.15116**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000  
MC2250

City State Zip Code  
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00496307

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  
 11 / 20 / 2013

**Transaction ID : SA11C.14794**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36th Way  
Box 97017

City State Zip Code  
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

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  
 12 / 18 / 2013

**Transaction ID : SA11C.15053**

Amount of Each Receipt this Period  
 2500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

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  
 11 / 20 / 2013

**Transaction ID : SA11C.14799**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code  
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C C00053553**

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 / 25 / 2013

**Transaction ID : SA11C.14872**

Amount of Each Receipt this Period  
 Contribution 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE**

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City State Zip Code  
COLUMBIA SC 29201

FEC ID number of contributing federal political committee. **C C00278895**

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 / 29 / 2013

**Transaction ID : SA11C.14938**

Amount of Each Receipt this Period  
 Contribution 2000.00

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

Mailing Address 200 CIVIC CENTER DRIVE

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C C00051979**

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 / 21 / 2013

**Transaction ID : SA11C.14812**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 70
	<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)  
**MARINO FOR CONGRESS**

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

Mailing Address **223 W FRANKLIN ST**

City **EPHRATA** State **PA** Zip Code **17522**

FEC ID number of contributing federal political committee. **C C00402172**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2013**

**Transaction ID : SA11C.14771**

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

Election Cycle-to-Date  
 Contribution **2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**PPL PEOPLE FOR GOOD GOVERNMENT**

Mailing Address **Two North Ninth Street GENTW2**

City **Allentown** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 12 / 2013**

**Transaction ID : SA11C.14989**

Amount of Each Receipt this Period  
 Contribution **2000.00**

Election Cycle-to-Date  
 Contribution **5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**PPL PEOPLE FOR GOOD GOVERNMENT**

Mailing Address **Two North Ninth Street GENTW2**

City **Allentown** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 12 / 2013**

**Transaction ID : SA11C.14990**

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

Election Cycle-to-Date  
 Contribution **5500.00**

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

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

Contribution **5000.00**

Contribution

**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 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SANOI PASTEUR POLITICAL ACTION COMMITTEE**

Mailing Address DISCOVERY DRIVE

City State Zip Code  
SWIFTWATER PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11C.15079**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 3025 ORCHARD PARKWAY

City State Zip Code  
SAN JOSE CA 95134

FEC ID number of contributing federal political committee. **C** C00443739

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  
 12 / 26 / 2013

**Transaction ID : SA11C.15127**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City State Zip Code  
PROVIDENCE RI 02903

FEC ID number of contributing federal political committee. **C** C00123612

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  
 12 / 20 / 2013

**Transaction ID : SA11C.15057**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE ASCAP LEGISLATIVE FUND FOR THE ARTS**

Mailing Address **ONE LINCOLN PLAZA**

City **NEW YORK** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee. **C C00228296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2013**

**Transaction ID : SA11C.14795**

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

**B.** Full Name (Last, First, Middle Initial)  
**THE ASCAP LEGISLATIVE FUND FOR THE ARTS**

Mailing Address **ONE LINCOLN PLAZA**

City **NEW YORK** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee. **C C00228296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11C.15119**

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

**C.** Full Name (Last, First, Middle Initial)  
**THOMPSON COBURN POLITICAL ACTION COMMITTEE**

Mailing Address **1909 K STREET NW SUITE 600**

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

FEC ID number of contributing federal political committee. **C C00550491**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2013**

**Transaction ID : SA11C.14859**

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

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 70
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

**A.** Mailing Address 1300 I St NW  
Ste 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2013

**Transaction ID : SA11C.14755**

Amount of Each Receipt this Period  
 Contribution 1000.00

Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

**B.** Mailing Address 1300 I St NW  
Ste 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11C.14972**

Amount of Each Receipt this Period  
 Contribution 1000.00

Full Name (Last, First, Middle Initial)  
VERTEX PHARMACEUTICALS INCORPORATED POLITICAL ACTION COMMITTEE

**C.** Mailing Address 1201 MARYLAND AVENUE SW SUITE 850

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00468660

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11C.14791**

Amount of Each Receipt this Period  
 Contribution 2500.00

**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 44 OF 70
	<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)  
**MARINO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1501 M STREET  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

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 Y Y  
 11 / 20 / 2013

**Transaction ID : SA11C.14784**

Amount of Each Receipt this Period  
 Contribution 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

66928.92

**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 45 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACP-RXPAC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 1730 RHODE ISLAND AVE NW SUITE 317		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.15188</b>
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Connie McFadden</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 1408 Cherry Street		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.15262</b>
City Williamsport State PA Zip Code 17701	Purpose of Disbursement Holiday Reception - Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CONSUMER ELECTRONICS ASSOCIATION PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 1919 SOUTH EADS STREET		Amount of Each Disbursement this Period 489.55 <b>Transaction ID : SB17.15134</b>
City ARLINGTON State VA Zip Code 22202	Purpose of Disbursement In-kind - Food and Beverages for Event	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4489.55
<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 46 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. CONSUMER ELECTRONICS ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement In-kind - Beverages for Event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2013

Amount of Each Disbursement this Period: 189.37

Transaction ID : SB17.15136

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

Mailing Address 1217 Delafield Place NW

City Washington State DE Zip Code 20011

Purpose of Disbursement See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2013

Amount of Each Disbursement this Period: 6665.08

Transaction ID : SB17.15142

Full Name (Last, First, Middle Initial)  
**c. District City Consulting**

Mailing Address 1217 Delafield Place NW

City Washington State DE Zip Code 20011

Purpose of Disbursement September Fundraising Retainer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2013

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.15142.0

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 6854.45

**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 47 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. District City Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 2500.00
City Washington State DE Zip Code 20011	Purpose of Disbursement October Fundraising Retainer	
Candidate Name		Transaction ID : SB17.15142.1 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. District City Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 635.00
City Washington State DE Zip Code 20011	Purpose of Disbursement Fundraising Fees - Commissions	
Candidate Name		Transaction ID : SB17.15142.3 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Trattoria Alberto</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 506 Eighth Street, SE		Amount of Each Disbursement this Period 483.66
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Event - Food and Beverage	
Candidate Name		Transaction ID : SB17.15142.7 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. District City Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013	
Mailing Address 1217 Delafield Place NW			Amount of Each Disbursement this Period 3794.92	
City Washington	State DE	Zip Code 20011	Transaction ID : SB17.15208	
Purpose of Disbursement Fundraising Expenses		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. District City Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013	
Mailing Address 1217 Delafield Place NW			Amount of Each Disbursement this Period 2500.00	
City Washington	State DE	Zip Code 20011	Transaction ID : SB17.15208.0	
Purpose of Disbursement Fundraising Consulting Fee		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Design Embroidery</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013	
Mailing Address 10669 Belleville Road			Amount of Each Disbursement this Period 733.07	
City Belleville	State MI	Zip Code 48111	Transaction ID : SB17.15208.1	
Purpose of Disbursement Fundraising Event Items - Blankets		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3794.92
<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: (check only one)	PAGE 49 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Trattoria Alberto</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 506 Eighth Street, SE		Amount of Each Disbursement this Period 227.10
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Lunch Meeting	Transaction ID : SB17.15208.3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 400 First Street, SE		Amount of Each Disbursement this Period 295.76
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Lunch Meeting	Transaction ID : SB17.15208.5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 8.05
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Lunch Meeting	Transaction ID : SB17.15208.6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. District City Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 5912.14
City Washington State DE Zip Code 20011	Purpose of Disbursement Fundraising Expenses	
Candidate Name		Transaction ID : SB17.15244
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. District City Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 2500.00
City Washington State DE Zip Code 20011	Purpose of Disbursement Fundraising Consulting Fee	
Candidate Name		Transaction ID : SB17.15244.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. District City Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 1612.00
City Washington State DE Zip Code 20011	Purpose of Disbursement Fundraising Consulting Commissions	
Candidate Name		Transaction ID : SB17.15244.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5912.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. Tortilla Coast**

Mailing Address 400 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Lunch Meeting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2013

Amount of Each Disbursement this Period: 8.00

Transaction ID : SB17.15244.6

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Acqua AI 2**

Mailing Address 212 7th Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraising Event - Food & Beverages

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2013

Amount of Each Disbursement this Period: 1629.86

Transaction ID : SB17.15244.7

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Capitol Hill Club**

Mailing Address 300 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Business Breakfast

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2013

Amount of Each Disbursement this Period: 10.00

Transaction ID : SB17.15244.8

[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 52 OF 70	
	<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)  
**MARINO FOR CONGRESS**

**A. District City Consulting**

Full Name (Last, First, Middle Initial)  
Mailing Address 1217 Delafield Place NW

City Washington State DE Zip Code 20011

Purpose of Disbursement Fundraising Expenses - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 21 / 2013

Amount of Each Disbursement this Period: 12136.78

Transaction ID : SB17.15265

**B. Hotel Hershey**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Hotel Road

City Hershey State PA Zip Code 17033

Purpose of Disbursement Fundraising Event - Food & Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 01 / 2013

Amount of Each Disbursement this Period: 6647.28

Transaction ID : SB17.15265.0

[MEMO ITEM]

**C. Hotel Hershey**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Hotel Road

City Hershey State PA Zip Code 17033

Purpose of Disbursement Fundraising Event - Equipment Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 01 / 2013

Amount of Each Disbursement this Period: 992.16

Transaction ID : SB17.15265.1

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 12136.78

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hotel Hershey</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 100 Hotel Road		Amount of Each Disbursement this Period 4497.34
City Hershey	State PA	
Zip Code 17033	Purpose of Disbursement Room Rentals for Event	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Executive Press</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 10412 Main Street		Amount of Each Disbursement this Period 312.94
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising Invitations and Mailing	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Executive Press</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 10412 Main Street		Amount of Each Disbursement this Period 126.50
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Campaign Meeting Invitations	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	439.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 70	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Executive Press</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 10412 Main Street		Amount of Each Disbursement this Period 592.31 <b>Transaction ID : SB17.15218</b>
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Notecards and Envelopes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Executive Press</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 10412 Main Street		Amount of Each Disbursement this Period 1490.46 <b>Transaction ID : SB17.15243</b>
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Invitations and Mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Fine Line Designs</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 232 Poplar Avenue		Amount of Each Disbursement this Period 622.92 <b>Transaction ID : SB17.15185</b>
City New Cumberland	State PA	
Zip Code 17070	Purpose of Disbursement Administrative Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2705.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Harper Polling</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 121 State Street		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.15203</b>
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement Polling Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 4276.68 <b>Transaction ID : SB17.15160</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement See Memos	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.15160.0</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising Consulting Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8276.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Doubletree Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 237 South Market St		Amount of Each Disbursement this Period 230.63
City Philadelphia	State PA Zip Code 19107	
Purpose of Disbursement Business Travel - Lodging	Category/Type	<b>Transaction ID : SB17.15160.1</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 400 First Street, SE		Amount of Each Disbursement this Period 81.98
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Campaign Lunch	Category/Type	<b>Transaction ID : SB17.15160.4</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 407.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Mileage and Parking Reimbursement	Category/Type	<b>Transaction ID : SB17.15160.5</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 45.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Database Maintenance Fee	Candidate Name	Transaction ID : SB17.15160.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 3905.27
City Washington	State DC Zip Code 20003	
Purpose of Disbursement See Memos	Candidate Name	Transaction ID : SB17.15194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 3500.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising Consulting Fee	Candidate Name	Transaction ID : SB17.15194.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3905.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert H. Nelson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013		
Mailing Address 1829 Bay Street, SE			Amount of Each Disbursement this Period 129.50		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15194.1		
Purpose of Disbursement Mileage Reimbursement		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013		
Mailing Address Center City Finance Station			Amount of Each Disbursement this Period 152.72		
City Williamsport	State PA	Zip Code 17703	Transaction ID : SB17.15194.2		
Purpose of Disbursement Thank you letter postage		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Hotel Hershey</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013		
Mailing Address 100 Hotel Road			Amount of Each Disbursement this Period 12.34		
City Hershey	State PA	Zip Code 17033	Transaction ID : SB17.15194.3		
Purpose of Disbursement Travel - Lunch		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 400 First Street, SE		Amount of Each Disbursement this Period 77.51
City Washington State DC Zip Code 20003	Purpose of Disbursement Business Lunch	
Candidate Name		Transaction ID : SB17.15194.4 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 33.20
City Washington State DC Zip Code 20003	Purpose of Disbursement Printing Expense of thank you letters	
Candidate Name		Transaction ID : SB17.15194.5 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 4077.93
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Expenses	
Candidate Name		Transaction ID : SB17.15228
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4077.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 3500.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising Consulting Fee	Transaction ID : SB17.15228.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert H. Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1829 Bay Street, SE		Amount of Each Disbursement this Period 136.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.15228.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LeMeridian Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1421 Arch Street		Amount of Each Disbursement this Period 363.86
City Philadelphia	State PA	
Zip Code 19102	Purpose of Disbursement Lodging - 2 Rooms and Parking	Transaction ID : SB17.15228.2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 400 First Street, SE			Amount of Each Disbursement this Period 78.07
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Lunch Meeting		Category/ Type	<b>Transaction ID : SB17.15228.3</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jean Rhodes</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 6793 Father John Court			Amount of Each Disbursement this Period 444.44
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement In-kind - Food and Beverages for Event		Category/ Type	<b>Transaction ID : SB17.15139</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Sears Master Card</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address PO Box 183082			Amount of Each Disbursement this Period 712.62
City Columbus	State OH	Zip Code 43218	
Purpose of Disbursement Credit Card Payment - See Memos		Category/ Type	<b>Transaction ID : SB17.15171</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1157.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. House of Representatives Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address B218 Longworth Bldg		Amount of Each Disbursement this Period 179.90
City Washington State DC Zip Code 20515	Purpose of Disbursement Door Prizes for GOP Event	
Candidate Name	Category/Type	Transaction ID : SB17.15171.0 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Doubletree Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 237 South Market St		Amount of Each Disbursement this Period 174.00
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement Travel - Lodging	
Candidate Name	Category/Type	Transaction ID : SB17.15171.2 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Harrisburg Hilton</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2013
Mailing Address Market and Second Sts		Amount of Each Disbursement this Period 158.19
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Lodging - State Party Conference	
Candidate Name	Category/Type	Transaction ID : SB17.15171.3 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sears Master Card</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address PO Box 183082		Amount of Each Disbursement this Period 545.92 <b>Transaction ID : SB17.15206</b>
City Columbus	State OH Zip Code 43218	
Purpose of Disbursement Credit Card Payment - See Memos		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1001 14th Street NW		Amount of Each Disbursement this Period 370.96 <b>Transaction ID : SB17.15206.2</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Campaign Planning Dinner		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hotel Hershey</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 100 Hotel Road		Amount of Each Disbursement this Period 2.29 <b>Transaction ID : SB17.15206.4</b> <b>[MEMO ITEM]</b>
City Hershey	State PA Zip Code 17033	
Purpose of Disbursement Travel - Meals		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	545.92
<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: (check only one)	PAGE 64 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sears Master Card</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address PO Box 183082		Amount of Each Disbursement this Period 198.87 <b>Transaction ID : SB17.15222</b>
City Columbus	State OH Zip Code 43218	
Purpose of Disbursement Credit Card Payment - See Memos		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sears Master Card</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address PO Box 183082		Amount of Each Disbursement this Period 1351.05 <b>Transaction ID : SB17.15261</b>
City Columbus	State OH Zip Code 43218	
Purpose of Disbursement Credit Card Payment - See Memos		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 50 Massachusetts Avenue NE		Amount of Each Disbursement this Period 309.00 <b>Transaction ID : SB17.15261.2</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Travel - Train		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1549.92
<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: (check only one)		PAGE 65 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Doubletree Hotel NYC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 569 Lexington Avenue			Amount of Each Disbursement this Period 938.50
City New York	State NY	Zip Code 10022	
Purpose of Disbursement Travel- Lodging		Category/ Type	<b>Transaction ID : SB17.15261.3</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. David Urban</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 42 Chestnut Street			Amount of Each Disbursement this Period 220.30
City Wellesley	State MA	Zip Code 02481	
Purpose of Disbursement In-kind - Food and Beverage for Event		Category/ Type	<b>Transaction ID : SB17.15141</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address Center City Finance Station			Amount of Each Disbursement this Period 60.10
City Williamsport	State PA	Zip Code 17703	
Purpose of Disbursement Stamps and Express Mail Service		Category/ Type	<b>Transaction ID : SB17.15224</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	280.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address PO Box 4003		Amount of Each Disbursement this Period 145.75 <b>Transaction ID : SB17.15170</b>
City Acworth	State GA	
Purpose of Disbursement Cellular Telephone Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address PO Box 4003		Amount of Each Disbursement this Period 145.83 <b>Transaction ID : SB17.15207</b>
City Acworth	State GA	
Purpose of Disbursement Cellular Telephone Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address PO Box 4003		Amount of Each Disbursement this Period 145.79 <b>Transaction ID : SB17.15238</b>
City Acworth	State GA	
Purpose of Disbursement Cellular Telephone Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	437.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 70		
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Widget Makr/Merchant Services</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2013
M M	/	D D	/	Y Y Y Y								
10		01		2013								
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period										
City	State Zip Code											
Falls Church	VA 22043	<table border="1"> <tr> <td>212.50</td> </tr> </table>	212.50									
212.50												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.15270</b>										
Processing Fees												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Widget Makr/Merchant Services</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2013
M M	/	D D	/	Y Y Y Y								
10		01		2013								
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period										
City	State Zip Code											
Falls Church	VA 22043	<table border="1"> <tr> <td>188.34</td> </tr> </table>	188.34									
188.34												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.15272</b>										
Merchant Services Fee												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Widget Makr/Merchant Services</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>22</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		22		2013
M M	/	D D	/	Y Y Y Y								
10		22		2013								
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period										
City	State Zip Code											
Falls Church	VA 22043	<table border="1"> <tr> <td>132.69</td> </tr> </table>	132.69									
132.69												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.15227</b>										
Processing Fees												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>533.53</td> </tr> </table>	533.53
533.53		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 70	
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Widget Makr/Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 92.21
City Falls Church	State VA Zip Code 22043	
Purpose of Disbursement Processing Fees	Candidate Name	<b>Transaction ID : SB17.15191</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Widget Makr/Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 62.50
City Falls Church	State VA Zip Code 22043	
Purpose of Disbursement Processing Fees	Candidate Name	<b>Transaction ID : SB17.15221</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	154.71
<b>TOTAL</b> This Period (last page this line number only).....	57251.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 70			
	<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)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrew Singer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2013</b>
Mailing Address 3308 Fallstaff Road		Amount of Each Disbursement this Period <b>1000.00</b>
City Baltimore	State MD	
Zip Code 21215	Purpose of Disbursement Refund Requested by Donor	<b>Transaction ID : SB20A.15278</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 70	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MARINO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mulligan for Mayor</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO Box 1395		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.15181</b>
City Scranton	State PA	
Zip Code 18501	Purpose of Disbursement Non-Federal Campaign Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Vic Stabile for Judge</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO Box 412		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15179</b>
City Harrisburg	State PA	
Zip Code 17108	Purpose of Disbursement Non-Federal Campaign Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	1500.00