

# 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  
**FRANK SCATURRO FOR CONGRESS**

ADDRESS (number and street) **515 HERRICKS ROAD**  
**SUITE 4**  
 Check if different than previously reported. (ACC) **NEW HYDE PARK** **NY** **11040**

2. **FEC IDENTIFICATION NUMBER** C C00465054 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) NY 04

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 10 / 01 / 2013 through M M / D D / Y Y Y Y 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 John F. Craven

Signature of Treasurer John F. Craven [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 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

**FRANK SCATURRO FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	79123.00	80883.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	79123.00	80883.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	6606.03	27487.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	1819.12	1925.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4786.91	25561.56
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	113868.11	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	283630.46	

**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

**FRANK SCATURRO FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	65664.00	65964.00
(ii) Unitemized.....	12459.00	13519.00
(iii) TOTAL of contributions from individuals ▶	78123.00	79483.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1400.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	79123.00	80883.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	39000.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	39000.00	40000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1819.12	1925.67
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	119942.12	122808.67

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6606.03	27487.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6606.03	27487.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	532.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	119942.12
25. SUBTOTAL (add Line 23 and Line 24).....	120474.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6606.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	113868.11

**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 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address c/o Kirby McInerney

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Kirby McInerney & Squire Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4589**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9304 Belmart Rd.

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Arbitrator and International Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3974 Heathwood Ln

City State Zip Code  
Norcross GA 30092

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4607**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 3705 Paces Valley Rd

City Atlanta State GA Zip Code 30327

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

Name of Employer Fisher Broyles Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 225 Ctrl. Pk W. Apt. 1505

City New York State NY Zip Code 10024

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 Y  
 12 / 26 / 2013

**Transaction ID : SA11AI.4408**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 60 Gerard Ave

City New Hyde Park State NY Zip Code 11046

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

Name of Employer ARC Excess & Surplus LLC Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2013

**Transaction ID : SA11AI.4603**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 5137 Lake Dr.

City East Stroudsburg	State PA	Zip Code 18301
--------------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4340**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 87 Merle Ave.

City Oceanside	State NY	Zip Code 11572
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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  
235.00

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

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 11 Litchfield Way

City Alpine	State NJ	Zip Code 07620-0000
----------------	-------------	------------------------

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

Name of Employer Wachtell Lipton	Occupation Attorney
-------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Aldo D'Adamo**

Mailing Address 148 No 6th St

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Occupation  
JTD Stamping Co Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : SA11AI.4458**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13 Stone Hill Drive North

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11AI.4480**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 13 Stone Hill Drive North

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11AI.4478**

Amount of Each Receipt this Period  
2000.00

**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: PAGE 9 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 121 S 9th St.

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Occupation  
Associated Mortgage Bankers Banking

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  
 11 20 2013

**Transaction ID : SA11AI.4234**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 219 Woodbine Ave

City State Zip Code  
Merrick NY 11566

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4273**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 12 Surrey Dr

City State Zip Code  
Riverside CT 06878-0000

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11AI.4619**

Amount of Each Receipt this Period  
500.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 10 OF 53  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Alexandre de Moura**

Mailing Address 102 Brixton Rd

City State Zip Code  
Garden City NY 11530-2607

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

Name of Employer Occupation  
New York Spine Institute Orthopedist

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 / 09 / 2013

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 22 Longwood Road

City State Zip Code  
Sands Point NY 11050

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

Name of Employer Occupation  
Knitting Fever 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  
 11 / 06 / 2013

**Transaction ID : SA11AI.4482**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1717 K St. NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Arent Fox LLP Partner

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 / 15 / 2013

**Transaction ID : SA11AI.4338**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 320 Park Ave.

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4404**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 205 S West St

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Hudson Institute Political Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11AI.4617**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12 Dartmouth Drive

City State Zip Code  
Plainview NY 11803

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

Name of Employer Occupation  
Self Employed Surgeon

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 / 16 / 2013

**Transaction ID : SA11AI.4502**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address **PO Box 458**

City **Bethpage** State **NY** Zip Code **11714**

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

Name of Employer **Dynamic Security Group** Occupation **Executive Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **420.00**

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

**Transaction ID : SA11AI.4687**

Amount of Each Receipt this Period  
**420.00**

In-kind - Fundraising Items

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

Mailing Address **2400 Keeler Avenue**

City **Merrick** State **NY** Zip Code **11566**

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

Name of Employer **Lynn, Gartner, Dunn & Covello** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **3 Birchwood Ct  
Apt 4B**

City **Mineola** State **NY** Zip Code **11501**

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

Name of Employer **New York State Tax and Finance** Occupation **Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **825.00**

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

**Transaction ID : SA11AI.4229**

Amount of Each Receipt this Period  
**735.00**

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

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

**1405.00**

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

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

FOR LINE NUMBER: PAGE 13 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 548 Cherry Ln

City State Zip Code  
Floral Park NY 11001

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

Name of Employer Occupation  
Dial A Bug Pest Control Correspondent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

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

**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
230.00

In-kind - Fundraising Items

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

Mailing Address 60 Brower Ave.

City State Zip Code  
Rockville Centre NY 11570

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  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 17 / 2013

**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period  
325.00

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

Mailing Address 60 Brower Ave.

City State Zip Code  
Rockville Centre NY 11570

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 Y  
 12 / 07 / 2013

**Transaction ID : SA11AI.4353**

Amount of Each Receipt this Period  
25.00

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

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

580.00

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

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

FOR LINE NUMBER: PAGE 14 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 114 Raymond St.

City State Zip Code  
Rockville Centre NY 11570

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

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 / 25 / 2013

**Transaction ID : SA11AI.4539**

Amount of Each Receipt this Period  
 330.00

Amount of Each Receipt this Period  
 405.00

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

Mailing Address 1243 Holbrook Terne #3

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Federal Government Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA11AI.4517**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 233 East Shore Rd.

City State Zip Code  
Great Neck NY 11023

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

Name of Employer Occupation  
Asset Advisory Services Financial Advisor

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 / 30 / 2013

**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period  
 175.00

Amount of Each Receipt this Period  
 250.00

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

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

755.00

**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 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 380 Forest Ave

City Woodmere State NY Zip Code 11598

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

Name of Employer Anchin Block & Anchin Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 1215 Ave. M Apt. 2K

City Brooklynn State NY Zip Code 11230

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
 Contribution 2600.00

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

Mailing Address 1215 Ave. M Apt. 2K

City Brooklynn State NY Zip Code 11230

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
 Contribution 2600.00

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

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

6200.00

**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 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David Knott</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013
Mailing Address 232 Cleft Rd		<b>Transaction ID : SA11AI.4559</b>
City Mill Neck	State NY	
Zip Code 11765		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Underhill Partners	Occupation Money Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Morgan Knull</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013
Mailing Address PO Box 15155		<b>Transaction ID : SA11AI.4260</b>
City Washington	State DC	
Zip Code 20003		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Morgan Knull</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013
Mailing Address PO Box 15155		<b>Transaction ID : SA11AI.4262</b>
City Washington	State DC	
Zip Code 20003		Amount of Each Receipt this Period 2350.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<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 17 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Morgan Knull</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2013	
Mailing Address PO Box 15155		<b>Transaction ID : SA11AI.4645</b>	
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period Contribution 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. Wayne Kolins</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013	
Mailing Address 126 Cherry Valley Ave.		<b>Transaction ID : SA11AI.4410</b>	
City Garden City	State NY	Zip Code 11530	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer BDO USA	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Bryan Korman</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2013	
Mailing Address 70 Sherman Ave		<b>Transaction ID : SA11AI.4476</b>	
City Rockville Centre	State NY	Zip Code 11570	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Prudential Financial	Occupation Insurance		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<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 18 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bryan Korman</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 70 Sherman Ave		<b>Transaction ID : SA11AI.4698</b>	
City Rockville Centre	State NY	Zip Code 11570	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 515.00	
Name of Employer Prudential Financial	Occupation Insurance		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1065.00		
In-kind - Fundraising Items			

Full Name (Last, First, Middle Initial) <b>B. Bryan Korman</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2013	
Mailing Address 70 Sherman Ave		<b>Transaction ID : SA11AI.4382</b>	
City Rockville Centre	State NY	Zip Code 11570	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Prudential Financial	Occupation Insurance		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1090.00		

Full Name (Last, First, Middle Initial) <b>C. Tyler Korn</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 5150 Tamiami Trail N		<b>Transaction ID : SA11AI.4525</b>	
City Naples	State FL	Zip Code 34103	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Elbert and Associates	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<b>TOTAL</b> This Period (last page this line number only).....	1040.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 26 Fairhaven Blvd

City Woodbury State NY Zip Code 11797

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

Name of Employer It's Your Karma Occupation CEO

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 : SA11AI.4513**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3313 Turtleback Rd

City Gainesville State GA Zip Code 30506

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

Name of Employer JLawson & Associates Occupation Appraiser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4652**

Amount of Each Receipt this Period  
 2550.00

Contribution

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

Mailing Address 3313 Turtleback Rd

City Gainesville State GA Zip Code 30506

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

Name of Employer JLawson & Associates Occupation Appraiser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4653**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

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

5400.00

**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 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address PO Box 230

City Old Westbury State NY Zip Code 11581

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

Name of Employer Self Employed Occupation Author

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11AI.4232**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 546 Nassau Ave.

City Freeport State NY Zip Code 11520

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

Name of Employer Villiage of Freeport Occupation Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : SA11AI.4336**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 1 Wooleys Lane East

City Great Neck State NY Zip Code 11021

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4538**

Amount of Each Receipt this Period  
 1000.00

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

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

1650.00

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 21 OF 53

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 101 Ann St.

City State Zip Code  
 Valley Stream NY 11580

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 300.00

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

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
 225.00

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

Mailing Address 101 Ann St.

City State Zip Code  
 Valley Stream NY 11580

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 325.00

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

**Transaction ID : SA11AI.4366**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 101 Ann St.

City State Zip Code  
 Valley Stream NY 11580

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 25 2013

**Transaction ID : SA11AI.4429**

Amount of Each Receipt this Period  
 75.00

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

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

325.00

**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 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ethan Marcovici</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2013	
Mailing Address 50 E 79th St		<b>Transaction ID : SA11AI.4585</b>	
City New York	State NY	Zip Code 10075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Debevoise Plimpton	Occupation Attorney		
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. William Maron</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 23 / 2013	
Mailing Address 388 Robyn Pl		<b>Transaction ID : SA11AI.4242</b>	
City East Meadow	State NY	Zip Code 11554	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00	
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 540.00		

Full Name (Last, First, Middle Initial) <b>C. Carmela Mazzitelli</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 171 Albany Blvd		<b>Transaction ID : SA11AI.4511</b>	
City ATLANTIC BEACH	State NY	Zip Code 11509	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1490.00
<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 23 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 15 White Ave.

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Occupation  
New Hyde Park Civic Associatio 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 / 17 / 2013

**Transaction ID : SA11AI.4211**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 15 White Ave.

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Occupation  
New Hyde Park Civic Associatio President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4403**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 162 Newtown Tpke

City State Zip Code  
Westport CT 06880

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

Name of Employer Occupation  
Self Employed Musician

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  
 12 / 31 / 2013

**Transaction ID : SA11AI.4646**

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 24 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 41 Russell St.

City Lynbrook State NY Zip Code 11563

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2013

**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
 325.00

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

Mailing Address 98-19 37th Ave

City corona State NY Zip Code 11368

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4629**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2895 charlotte drive

City merrick State NY Zip Code 11566

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 / 19 / 2013

**Transaction ID : SA11AI.4509**

Amount of Each Receipt this Period  
 500.00

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

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

1325.00

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

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

FOR LINE NUMBER: PAGE 25 OF 53  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 380 Forrest Ave

City Woodmere State NY Zip Code 11598

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 380 Forrest Ave

City Woodmere State NY Zip Code 11598

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4223**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 380 Forrest Ave

City Woodmere State NY Zip Code 11598

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11AI.4644**

Amount of Each Receipt this Period  
 2350.00  
 Contribution

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) <b>David Pollack</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2013
Mailing Address 1027 Westwood Rd		<b>Transaction ID : SA11AI.4636</b>
City Woodmere	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Lewis Brisbois	Occupation Partner	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

B. Full Name (Last, First, Middle Initial) <b>David Pollack</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013
Mailing Address 1027 Westwood Rd		<b>Transaction ID : SA11AI.4643</b>
City Woodmere	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Lewis Brisbois	Occupation Partner	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

C. Full Name (Last, First, Middle Initial) <b>Jodi Pollack</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013
Mailing Address 1027 Westwood Rd		<b>Transaction ID : SA11AI.4640</b>
City Woodmere	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Jewish National Fund	Occupation Communications Director	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7800.00
<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 27 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 1027 Westwood Rd

City State Zip Code  
Woodmere NY 11598

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

Name of Employer Occupation  
Jewish National Fund Communications Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 30 2013

**Transaction ID : SA11AI.4642**

Amount of Each Receipt this Period  
2600.00

Contribution

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

Mailing Address 1781 Cornelius Ave.

City State Zip Code  
Wantagh NY 11001

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

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

**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
325.00

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

Mailing Address 1781 Cornelius Ave.

City State Zip Code  
Wantagh NY 11001

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 01 2013

**Transaction ID : SA11AI.4386**

Amount of Each Receipt this Period  
50.00

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

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

2975.00

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

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

FOR LINE NUMBER: PAGE 28 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 7026 Gatton Square

City State Zip Code  
Alexandria VA 22315

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

Name of Employer Occupation  
FedSoc Lawyer

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 / 15 / 2013

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 100 N Centre Ave

City State Zip Code  
Rockville Centre NY 11570

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

Name of Employer Occupation  
North Park Chiropractic Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

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

**Transaction ID : SA11AI.4693**

Amount of Each Receipt this Period  
300.00

In-kind - Fundraising Items

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

Mailing Address 100 N Centre Ave

City State Zip Code  
Rockville Centre NY 11570

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

Name of Employer Occupation  
North Park Chiropractic Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

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

**Transaction ID : SA11AI.4592**

Amount of Each Receipt this Period  
50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Ryan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2013	
Mailing Address 51 Pell Terrace		<b>Transaction ID : SA11AI.4469</b>	
City Garden City	State NY	Zip Code 11530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Cathedral Nursery School	Occupation Teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Gladys Santiago</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2013	
Mailing Address 301 Garfield Ave		<b>Transaction ID : SA11AI.4274</b>	
City West Hempstead	State NY	Zip Code 11552	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Gladys Santiago</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2013	
Mailing Address 301 Garfield Ave		<b>Transaction ID : SA11AI.4356</b>	
City West Hempstead	State NY	Zip Code 11552	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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).....	375.00
<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 30 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 14 Salem Hill Rd

City State Zip Code  
South Salem NY 10590

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4568**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2239 Gables Ave.

City State Zip Code  
Merrick NY 11566

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

Name of Employer Occupation  
Morgan Stanley Human Resources Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

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

**Transaction ID : SA11AI.4271**

Amount of Each Receipt this Period  
325.00

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

Mailing Address 67 Andrea Ln

City State Zip Code  
Washington Township NJ 07676-0000

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

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  
12 / 09 / 2013

**Transaction ID : SA11AI.4571**

Amount of Each Receipt this Period  
500.00

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

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

1825.00

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 31 OF 53

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rosanne Spinner**  
 Mailing Address 36 Carole Ave.  
 City State Zip Code  
 New Hyde Park NY 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rosanne Spinner Holistic Healt Owner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 10 2013  
**Transaction ID : SA11AI.4237**  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rosanne Spinner**  
 Mailing Address 36 Carole Ave.  
 City State Zip Code  
 New Hyde Park NY 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rosanne Spinner Holistic Healt Owner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 07 2013  
**Transaction ID : SA11AI.4359**  
 Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Rosanne Spinner**  
 Mailing Address 36 Carole Ave.  
 City State Zip Code  
 New Hyde Park NY 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rosanne Spinner Holistic Healt Owner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 21 2013  
**Transaction ID : SA11AI.4599**  
 Amount of Each Receipt this Period  
 14.00

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

564.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 113 erie Ave

City atlantic beach State NY Zip Code 11509

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4621**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 97 Bond Ave.

City Malverne State NY Zip Code 11565

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 Y  
 12 / 07 / 2013

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 97 Bond Ave.

City Malverne State NY Zip Code 11565

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 Y  
 12 / 07 / 2013

**Transaction ID : SA11AI.4365**

Amount of Each Receipt this Period  
 50.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 875 Park Avenue

City State Zip Code  
New York NY 10021

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

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 / 12 / 2013

**Transaction ID : SA11AI.4492**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 11 East Hawthorne Ave

City State Zip Code  
Valleystream NY 11581

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

Name of Employer Occupation  
Self Employed Real Estate

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 : SA11AI.4674**

Amount of Each Receipt this Period  
 1130.00

In-kind - Fundraising Items

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

Mailing Address 740 E Broadway  
Apt 3S

City State Zip Code  
Long Beach NY 11561

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2013

**Transaction ID : SA11AI.4432**

Amount of Each Receipt this Period  
 75.00

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

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

1455.00

**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 53
	<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)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 1596 Highland Glen Place

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Kirkland & Ellis 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  
11 / 15 / 2013

**Transaction ID : SA11AI.4500**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 225 Hewlett Avenue

City State Zip Code  
Merrick NY 11566

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

Name of Employer Occupation  
Kellenberg Memorial HS Educator

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 / 08 / 2013

**Transaction ID : SA11AI.4486**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 225 Hewlett Avenue

City State Zip Code  
Merrick NY 11566

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

Name of Employer Occupation  
Kellenberg Memorial HS Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4569**

Amount of Each Receipt this Period  
250.00

**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: PAGE 35 OF 53  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

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

Mailing Address 33 Beverly Rd.

City Merrick State NY Zip Code 11566

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.4406**

Amount of Each Receipt this Period  
 300.00

**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).....

300.00

65664.00

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

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

FOR LINE NUMBER: PAGE 36 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00343947

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 / 27 / 2013

**Transaction ID : SA11C.4227**

Amount of Each Receipt this Period  
1000.00

**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).....

1000.00

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 37 OF 53
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) <b>Frank Scaturro</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 44 Carole Ave		<b>Transaction ID : SA13A.4656</b>	
City New Hyde Park	State NY	Zip Code 11040	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24000.00	
Name of Employer Candidate	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 24004.00		

B. Full Name (Last, First, Middle Initial) <b>Frank Scaturro</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 44 Carole Ave		<b>Transaction ID : SA13A.4657</b>	
City New Hyde Park	State NY	Zip Code 11040	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00	
Name of Employer Candidate	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39004.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39000.00
<b>TOTAL</b> This Period (last page this line number only).....	39000.00

**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 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sean Nabi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2013
Mailing Address 30 Deefield Dr		<b>Transaction ID : SA14.4205</b>
City Milton	State MA Zip Code 02186	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1819.12
Name of Employer Information Requested	Occupation Information Requested	Return of excessive salary payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1819.12	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1819.12
<b>TOTAL</b> This Period (last page this line number only).....	1819.12

**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 39 OF 53			
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 152.00 <b>Transaction ID : SB17.4177</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Debt Repayment: Credit Card Debt Repayment	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 153.00 <b>Transaction ID : SB17.4187</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Debt Repayment: Credit Card Debt Repayment	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.4194</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Debt Repayment: Credit Card Debt Repayment	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	455.00
<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 40 OF 53	
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Arent Fox LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1717 K Street NW		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4188</b>
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Legal, accounting, and administration	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway Billing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 125.60 <b>Transaction ID : SB17.4190</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 23 Earl Drive		Amount of Each Disbursement this Period 274.74 <b>Transaction ID : SB17.4180</b>
City Merrick	State NY	
Zip Code 11566	Purpose of Disbursement Merchant Account Usage Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.34
<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 41 OF 53			
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 23 Earl Drive		Amount of Each Disbursement this Period 667.37
City Merrick	State NY	
Zip Code 11566	Purpose of Disbursement Merchant Account Usage Fee	Transaction ID : SB17.4192
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Abdul Gaibi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address PO Box 458		Amount of Each Disbursement this Period 420.00
City Bethpage	State NY	
Zip Code 11714	Purpose of Disbursement In-kind - Fundraising Items	Transaction ID : SB17.4691
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. Lance Gordon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 548 Cherry Ln		Amount of Each Disbursement this Period 230.00
City Floral Park	State NY	
Zip Code 11001	Purpose of Disbursement In-kind - Fundraising Items	Transaction ID : SB17.4702
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).....	1317.37
<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 42 OF 53	
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bryan Korman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 70 Sherman Ave		Amount of Each Disbursement this Period 515.00 <b>Transaction ID : SB17.4701</b>
City Rockville Centre	State NY	
Zip Code 11570	Purpose of Disbursement In-kind - Fundraising Items	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. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 911 Panorama Trail South		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4174</b>
City Rochester	State NY	
Zip Code 14625	Purpose of Disbursement Payroll Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 911 Panorama Trail South		Amount of Each Disbursement this Period 10.95 <b>Transaction ID : SB17.4185</b>
City Rochester	State NY	
Zip Code 14625	Purpose of Disbursement Payroll Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1025.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 53			
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PCS Signs</b>		Date of Disbursement
Mailing Address 2534 Commerce Rd		M M / D D / Y Y Y Y 10 / 11 / 2013
City Cincinnati	State OH	Amount of Each Disbursement this Period
Zip Code 45241		152.00
Purpose of Disbursement Campaign Materials (See Tran ID: SB17.4177)	Category/Type	<b>Transaction ID : SB17.4659</b>
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PCS Signs</b>		Date of Disbursement
Mailing Address 2534 Commerce Rd		M M / D D / Y Y Y Y 11 / 12 / 2013
City Cincinnati	State OH	Amount of Each Disbursement this Period
Zip Code 45241		153.00
Purpose of Disbursement Campaign Materials (See Tran ID: SB17.4187)	Category/Type	<b>Transaction ID : SB17.4667</b>
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PCS Signs</b>		Date of Disbursement
Mailing Address 2534 Commerce Rd		M M / D D / Y Y Y Y 12 / 11 / 2013
City Cincinnati	State OH	Amount of Each Disbursement this Period
Zip Code 45241		150.00
Purpose of Disbursement Campaign Materials (See Tran ID: SB17.4194)	Category/Type	<b>Transaction ID : SB17.4669</b>
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	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 44 OF 53	
	<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)  
**FRANK SCATURRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Russo</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 100 N Centre Ave		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4704</b>
City Rockville Centre	State NY	
Zip Code 11570	Purpose of Disbursement In-kind - Fundraising Items	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. Michael Wasserman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 11 East Hawthorne Ave		Amount of Each Disbursement this Period 1130.00 <b>Transaction ID : SB17.4683</b>
City Valleystream	State NY	
Zip Code 11581	Purpose of Disbursement In-kind - Fundraising Items	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).....	1430.00
<b>TOTAL</b> This Period (last page this line number only).....	5628.66

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4656

**FRANK SCATURRO FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank Scaturro

Primary  
 General  
 Other (specify) ▼

Mailing Address  
44 Carole Ave

City State ZIP Code  
New Hyde Park NY 11040

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24000.00	0.00	24000.00

**TERMS**

Date Incurred: M 12 / D 31 / Y 2013  
 Date Due: M / D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	24000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4657

**FRANK SCATURRO FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Frank Scaturro

Primary  
 General  
 Other (specify) ▼

Mailing Address  
44 Carole Ave

City State ZIP Code  
New Hyde Park NY 11040

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
15000.00 0.00 15000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2013 M M / D D / On Demand 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 15000.00  
**TOTALS** This Period (last page in this line only)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4142

**FRANK SCATURRO FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**FRANK MR. SCATURRO**

Primary

General

Other (specify) ▼

Mailing Address  
44 CAROLE AVE

City State ZIP Code  
NEW HYDE PARK NY 11040

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 0.00 25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

04

2009

On Demand

0.00

% (apr)

Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 25000.00

**TOTALS** This Period (last page in this line only).....

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

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

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4143

**FRANK SCATURRO FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

**FRANK MR. SCATURRO**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
44 CAROLE AVE

City State ZIP Code  
NEW HYDE PARK NY 11040

Original Amount of Loan 37000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 37000.00
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**TERMS**

Date Incurred: M 09 / D 30 / Y 2009  
Date Due: M M / D D / Y On Demand  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 37000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4145

**FRANK SCATURRO FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**FRANK MR. SCATURRO**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
44 CAROLE AVE

City State ZIP Code  
NEW HYDE PARK NY 11040

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

### TERMS

Date Incurred: M 06 / D 28 / Y 2010  
 Date Due: M / D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **FRANK SCATURRO FOR CONGRESS** Transaction ID : **SC/10.4149**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2010  
**FRANK MR. SCATURRO**  Primary  General  Other (specify) ▼

Mailing Address  
44 CAROLE AVE

City State ZIP Code  
 NEW HYDE PARK NY 11040

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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**TERMS**

Date Incurred M 10 / D 28 / Y 2010	Date Due M / D / Y On Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **FRANK SCATURRO FOR CONGRESS** Transaction ID : **SC/10.4153**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**FRANK MR. SCATURRO**  Primary  
 Mailing Address 44 CAROLE AVE  General  
 Other (specify) ▼

City State ZIP Code  
 NEW HYDE PARK NY 11040

Original Amount of Loan 13000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 13000.00
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**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No  
 02 / 03 / 2011 On Demand

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 13000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

NAME OF COMMITTEE (In Full) **FRANK SCATURRO FOR CONGRESS** Transaction ID : **SC/10.4102**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**FRANK MR. SCATURRO**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
44 CAROLE AVE

City State ZIP Code  
NEW HYDE PARK NY 11040

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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**TERMS**

Date Incurred: M 08 / D 13 / Y 2013  
Date Due: M / D / Y On Demand  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	275000.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**FRANK SCATURRO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>	Nature of Debt (Purpose): Credit Card Purchases
Mailing Address PO Box 1270	
City State Zip Code Newark NJ 07101	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="7292.30"/>	<b>Transaction ID : SD10.4158</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="455.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="6837.30"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>	Nature of Debt (Purpose): Credit Card Purchases
Mailing Address PO Box 1270	
City State Zip Code Newark NJ 07101	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="997.45"/>	<b>Transaction ID : SD10.4160</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="795.71"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1793.16"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="8630.46"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value="8630.46"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="275000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="283630.46"/>