

**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

Committee to Elect Stephen A. Labate, Inc.

ADDRESS (number and street)

P.O. Box 6177

Check if different
than previously
reported. (ACC)

North Babylon

NY

11703

2. FEC IDENTIFICATION NUMBER ▼

C

C00473777

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

03

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 /

06

D D /

05

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Marks

Signature of Treasurer

Nancy Marks

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2014

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 28

Write or Type Committee Name

Committee to Elect Stephen A. Labate, Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20511.14	92211.42
(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))	20511.14	92211.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32102.77	118621.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	32102.77	118621.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5543.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30900.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 28

Write or Type Committee Name

Committee to Elect Stephen A. Labate, Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

17596.00

77021.00

(ii) Unitemized.....

2915.14

10190.42

(iii) TOTAL of contributions from individuals ▶

20511.14

87211.42

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

5000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

20511.14

92211.42

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

11500.00

26900.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

11500.00

26900.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

2.98

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

32011.14

119114.40

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 28

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32102.77	118621.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1500.00
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	32102.77	120121.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5634.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32011.14
25. SUBTOTAL (add Line 23 and Line 24).....	37645.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32102.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5543.08

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Michael T Amato

Mailing Address 6927 Oxford Road

City

Timberlake

State

NC

Zip Code

27583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info RequestedOccupation
Info Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7791

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Michael T Amato

Mailing Address 6927 Oxford Road

City

Timberlake

State

NC

Zip Code

27583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info RequestedOccupation
Info Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2014

Transaction ID : SA11AI.7844

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

Stanley Churgin

Mailing Address 661 Deer Park Avenue

City

Babylon

State

NY

Zip Code

11702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors For SurgeryOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : SA11AI.7771

Amount of Each Receipt this Period

225.00

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

1225.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 28
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Stephen A. Labate, Inc.

A. Marilyn Cohen Full Name (Last, First, Middle Initial) Mailing Address 87 Merle Avenue City Oceanside State NY Zip Code 11572 FEC ID number of contributing federal political committee. C 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 225.00			Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014 Transaction ID : SA11AI.7761 Amount of Each Receipt this Period 100.00
B. Michael Dyckman Full Name (Last, First, Middle Initial) Mailing Address 4 Majestic Court City Dix Hills State NY Zip Code 11746 FEC ID number of contributing federal political committee. C Name of Employer Self employed Occupation Attorney Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 3200.00			Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014 Transaction ID : SA11AI.7753 Amount of Each Receipt this Period 250.00
C. Michael Dyckman Full Name (Last, First, Middle Initial) Mailing Address 4 Majestic Court City Dix Hills State NY Zip Code 11746 FEC ID number of contributing federal political committee. C Name of Employer Self employed Occupation Attorney Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 3450.00			Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014 Transaction ID : SA11AI.7778 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).....			600.00
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

PAGE 7 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Al Eskanazy

Mailing Address 68 Glenwood Rd.

City

Roslyn Harbor

State

NY

Zip Code

11576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morstan General Agency, Inc.

Occupation

Co-CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : SA11Al.7737

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fran Ginter

Mailing Address 2483 Norwood Avenue

City

North Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : SA11Al.7773

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Bryan Korman

Mailing Address 70 Sherman Avenue

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prudential Financial

Occupation

Sales Rep

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : SA11Al.7779

Amount of Each Receipt this Period

100.00

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

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

1175.00

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

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

FOR LINE NUMBER:

PAGE 8 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Christine Kostialik

A.

Mailing Address 8 Broadway

City

Greenlawn

State

NY

Zip Code

11740

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

2125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7808

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

Christine Kostialik

B.

Mailing Address 8 Broadway

City

Greenlawn

State

NY

Zip Code

11740

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

2485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7809

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

Stefan Kostialik

C.

Mailing Address 8 Broadway

City

Greenlawn

State

NY

Zip Code

11740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.7733

Amount of Each Receipt this Period

1500.00

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

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

2385.00

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 28
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Patsy E Lamberti

Mailing Address 37 Sagamore Hill Drive

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info Requested

Occupation
Info Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.7825

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Chiara Larocca

Mailing Address 17 Miller Place Rd

City

Miller Place

State

NY

Zip Code

11764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info Requested--Letter Sent

Occupation
Radiology Tech

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.7823

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

Chiara Larocca

Mailing Address 17 Miller Place Rd

City

Miller Place

State

NY

Zip Code

11764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info Requested--Letter Sent

Occupation
Radiology Tech

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.7730

Amount of Each Receipt this Period

1500.00

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

3150.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 28
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Chiara Larocca

A.

Mailing Address 17 Miller Place Rd

City

Miller Place

State

NY

Zip Code

11764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Info Requested--Letter Sent

Occupation

Radiology Tech

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

4100.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2014

16

2014

Transaction ID : SA11AI.7739

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

Chiara Larocca

B.

Mailing Address 17 Miller Place Rd

City

Miller Place

State

NY

Zip Code

11764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Info Requested--Letter Sent

Occupation

Radiology Tech

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

6700.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2014

16

2014

Transaction ID : SA11AI.7740

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Elizabeth Lavars

C.

Mailing Address 299 Seminole St

City

Ronkonkoma

State

NY

Zip Code

11779

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

280.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2014

10

2014

Transaction ID : SA11AI.7803

Amount of Each Receipt this Period

170.00

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

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

3870.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 11 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Elizabeth Lavars

A.

Mailing Address 299 Seminole St

City

Ronkonkoma

State

NY

Zip Code

11779

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7804

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

Eileen Oelbaum

B.

Mailing Address 31 School House Lane

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Info Requested--Letter Sent

Occupation

Info Requested--Letter Sent

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7792

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

Peter Ripullone

C.

Mailing Address 16 Old Hills Lane

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRCARCH

Occupation

Architect

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11AI.7826

Amount of Each Receipt this Period

250.00

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

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

835.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Janice Seaman

Mailing Address 105 Tall Oak Crescent

City

Oyster Bay Cove

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Info Requested--Letter Sent

Occupation

Info Requested--Letter Sent

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : SA11AI.7827

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vincent Thorn

Mailing Address 78 Mar Kan Drive

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garden City Police

Occupation

Police Officer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1406.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7800

Amount of Each Receipt this Period

1281.00

Full Name (Last, First, Middle Initial)

C. Vincent Thorn

Mailing Address 78 Mar Kan Drive

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garden City Police

Occupation

Police Officer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1506.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7802

Amount of Each Receipt this Period

100.00

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

1631.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Margaret Turner

Mailing Address 175 Ocean Avenue

City

Breezy Point

State

NY

Zip Code

11697

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincent's Services

Occupation
Medical Case Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.7784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Turner

Mailing Address 14 Cambridge Street

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
GMC Inc

Occupation
Sales

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.7772

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Edwin Umanoff

Mailing Address 18 Hamlet Drive

City

Commack

State

NY

Zip Code

11725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Umanofe Boyer Insurance

Occupation
Insurance Agent

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.7728

Amount of Each Receipt this Period

1000.00

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

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

1400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Brian Wasserman

Mailing Address 14 Willshire Dr

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAW Holding Corp

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.7782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Wasserman

Mailing Address PO Box 130

City

Valley Stream

State

NY

Zip Code

11582

FEC ID number of contributing
federal political committee.

C

Name of Employer

WM Group

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7824

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kathy Wendelken

Mailing Address 2 Deer Lane

City

Wantagh

State

NY

Zip Code

11793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.7794

Amount of Each Receipt this Period

150.00

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

1150.00

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

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

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

FOR LINE NUMBER:

PAGE 15 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Arthur L Zimmet

A.

Mailing Address 216 Little Neck Road

City

State

Zip Code

Centerport

NY

11721

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

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2014

Transaction ID : SA11AI.7788

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

Arthur L Zimmet

B.

Mailing Address 216 Little Neck Road

City

State

Zip Code

Centerport

NY

11721

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

475.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2014

Transaction ID : SA11AI.7746

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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

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

175.00

17596.00

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

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

FOR LINE NUMBER:

PAGE 16 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

Stephen A Labate

Mailing Address P.O. Box 6177

City

North Babylon

State

NY

Zip Code

11703

FEC ID number of contributing
federal political committee.

C H0NY02176

Name of Employer
CandidateOccupation
Candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

25400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SA13A.7727

Amount of Each Receipt this Period

10000.00

Loan

Full Name (Last, First, Middle Initial)

Stephen A Labate

Mailing Address P.O. Box 6177

City

North Babylon

State

NY

Zip Code

11703

FEC ID number of contributing
federal political committee.

C H0NY02176

Name of Employer
CandidateOccupation
Candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

26900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SA13A.7744

Amount of Each Receipt this Period

1500.00

Loan

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

11500.00

11500.00

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

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Jesse Bohman

Mailing Address 627 Pease Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2014

City	State	Zip Code
West Islip	NY	11795

Purpose of Disbursement
Camapign Salary

001

Amount of Each Disbursement this Period

1893.00

Transaction ID : SB17.7838

Candidate Name

Committee to Elect Stephen A. Labate, Inc.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

B. Campaigns Unlimited

Mailing Address 47 Flintlock Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
Shirley	NY	11967

Purpose of Disbursement
Consulting Fee

001

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7841

Candidate Name

Committee to Elect Stephen A. Labate, Inc.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

c. Chase Bank

Mailing Address Deer Park Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2014

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement
bank fees

001

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.7849

Candidate Name

Committee to Elect Stephen A. Labate, Inc.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

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

2953.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address Deer Park Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City Deer Park	State NY	Zip Code 11729
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
bank fees

001

Transaction ID : SB17.7847

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address Deer Park Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2014

City Deer Park	State NY	Zip Code 11729
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
bank fees

001

Transaction ID : SB17.7854

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address Deer Park Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City Deer Park	State NY	Zip Code 11729
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
bank fee

001

Transaction ID : SB17.7845

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

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

130.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Constant Contact

Mailing Address No address on web site or billing

City State Zip Code

Purpose of Disbursement
E-Mail Program

001

Category/
Type

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

86.90

Transaction ID : SB17.7851

B. Constant Contact

Mailing Address No address on web site or billing

City State Zip Code

Purpose of Disbursement
email program

001

Category/
Type

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

1.99

Transaction ID : SB17.7846

c. M & M Group

Mailing Address 245 Westbury Ave

City State Zip Code
Carle Place NY 11703Purpose of Disbursement
Door Hangers

006

Category/
Type

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

507.39

Transaction ID : SB17.7855

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

596.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. M & M Group

Mailing Address 245 Westbury Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

City	State	Zip Code
Carle Place	NY	11703

Amount of Each Disbursement this Period

974.37

Purpose of Disbursement
Door Hangers

006

Transaction ID : SB17.7839

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

B. Jake Menges

Mailing Address 311 E. 72nd Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2014

City	State	Zip Code
New York	NY	10021

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
consultant fee

001

Transaction ID : SB17.7848

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

c. Network Solutions LLC

Mailing Address 12808 Gran Bay Parkway West

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
Jacksonville	FL	32258

Amount of Each Disbursement this Period

227.94

Purpose of Disbursement
Website Program

001

Transaction ID : SB17.7852

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

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

4202.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. Piryx Inc

Mailing Address 144 2 nd Street 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement
Credit Card Fee

001

Amount of Each Disbursement this Period

54.18

Transaction ID : SB17.7853

Candidate Name

Committee to Elect Stephen A. Labate, Inc.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

B. The Swan Club

Mailing Address P.O. Box 402

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City	State	Zip Code
Glenwood Landing	NY	11547

Purpose of Disbursement
Event Expenses

007

Amount of Each Disbursement this Period

1575.00

Transaction ID : SB17.7836

Candidate Name

Committee to Elect Stephen A. Labate, Inc.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

Full Name (Last, First, Middle Initial)

c. The Traz Group

Mailing Address 26 S Maple Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement
Campaign Mailing

006

Amount of Each Disbursement this Period

8980.00

Transaction ID : SB17.7842

Candidate Name

Committee to Elect Stephen A. Labate, Inc.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 03

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

10609.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Stephen A. Labate, Inc.

Full Name (Last, First, Middle Initial)

A. The Traz Group

Mailing Address 26 S Maple Ave

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement
Campaign Mailing

006

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

8750.00

Transaction ID : SB17.7843

B. The Traz Group

Mailing Address 26 S Maple Ave

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement
Campaign Mailing

006

Candidate Name

Committee to Elect Stephen A. Labate, Inc.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

4862.00

Transaction ID : SB17.7850

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

13612.00

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

32102.77

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 28

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4476

Committee to Elect Stephen A. Labate, Inc.

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

Stephen A Labate

[PERSONAL FUNDS]

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 6177

City

State

ZIP Code

North Babylon

NY

11703

Original Amount of Loan

3000.00

Cumulative Payment To Date

1500.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 07 / 2011

Date Due

M M / D D / Y 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)..... ►

1500.00

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

PAGE 24 OF 28

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6668

Committee to Elect Stephen A. Labate, Inc.

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

Stephen A Labate

[PERSONAL FUNDS]

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
P.O. Box 6177

City

State

ZIP Code

North Babylon

NY

11703

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 14 / 2012

Date Due

M M / D D / Y Y Y Y
12/31/2012

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)..... ►

2500.00

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

PAGE 25 OF 28

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7720

Committee to Elect Stephen A. Labate, Inc.

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

[PERSONAL FUNDS]

Election: 2014

Stephen A Labate

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 6177

City

State

ZIP Code

North Babylon

NY

11703

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

9700.00

0.00

9700.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
05 13 / 2014M M / D D / Y Y
NoneM M / D D / Y Y
NoneM M / D D / Y Y
None

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)..... ►

9700.00

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

PAGE 26 OF 28

Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7719

Committee to Elect Stephen A. Labate, Inc.

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

[PERSONAL FUNDS]

Election: 2014

Stephen A Labate

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 6177

City

State

ZIP Code

North Babylon

NY

11703

Original Amount of Loan

5700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5700.00

TERMS

Date Incurred

M M / D D / Y Y
05 / 27 / 2014

Date Due

M M / D D / Y Y
None

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)..... ►

5700.00

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

PAGE 27 OF 28

Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7727

Committee to Elect Stephen A. Labate, Inc.

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

[PERSONAL FUNDS]

Election: 2014

Stephen A Labate

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 6177

City

State

ZIP Code

North Babylon

NY

11703

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 16 / 2014M M / D D / Y Y Y Y
/ / unknown

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)..... ►

10000.00

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

PAGE 28 OF 28

Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7744

Committee to Elect Stephen A. Labate, Inc.

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

[PERSONAL FUNDS]

Election: 2014

Stephen A Labate

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 6177

City

State

ZIP Code

North Babylon

NY

11703

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

0.00

1500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 16 / 2014M M / D D / Y Y Y Y
/ / unknownY Y Y Y / D D / M M
unknown

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)..... ►

1500.00

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

30900.00

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