

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
MARTINS FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	278838.52	278838.52
(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))	278838.52	278838.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41375.10	41375.10
(b) Total Offsets to Operating Expenditures (from Line 14)	4759.59	4759.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	36615.51	36615.51
8. Cash on Hand at Close of Reporting Period (from Line 27)	242223.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MARTINS FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	240765.52	240765.52
(ii) Unitemized.....	17023.00	17023.00
(iii) TOTAL of contributions from individuals ▶	257788.52	257788.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21050.00	21050.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	278838.52	278838.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	4759.59	4759.59
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	283598.11	283598.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41375.10	41375.10
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41375.10	41375.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	283598.11
25. SUBTOTAL (add Line 23 and Line 24).....	283598.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41375.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	242223.01

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

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

FOR LINE NUMBER: PAGE 5 OF 85
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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

NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SANDRO ABBALLE

Mailing Address 165 DOVER RD

City State Zip Code
MANHASSET NY 11030

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

Name of Employer Occupation
ABBALLE PLUMBING SUPPLY SELF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 9729 72ND DRIVE

City State Zip Code
FOREST HILLS NY 11375

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

Name of Employer Occupation
ALMEIDA POWERADE TOOLPATHS VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH D ALONZO

Mailing Address 104 HARBOR RD

City State Zip Code
PORT WASHINGTON NY 11050

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

Name of Employer Occupation
COW BAY CONTRACTING CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4250.00

**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 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUIS ANTUNES

Mailing Address **5 CAKEWALK TERRACE**

City **SMITHTOWN** State **NY** Zip Code **11787**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address **186 JEFFERSON AVENUE**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **JME STONE CORP** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **71 PERCHERON LANE**

City **ROSLYN HEIGHTS** State **NY** Zip Code **11577**

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

Name of Employer **RITE-WAY DEMOLITON INC** Occupation **SELF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT S BARTOLOMEO

Mailing Address 17 DANTON LANE NORTH

City State Zip Code
LOCUST VALLEY NY 11560

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

Name of Employer Occupation
GASTROENTEROLOGY ASSOCIATES PC PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 1111 WILLIS AVE

City State Zip Code
ALBERTSON NY 11507

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

Name of Employer Occupation
PROGRESSIVE O&P INC CP / OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

3250.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SANDRA BILYNSKY

Mailing Address **25 MINNEAKONING RD**
#200

City **FLEMINGTON** State **NY** Zip Code **08822**

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

Name of Employer **MACEDOS CONSTRUCTION** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address **6 STRAND PLACE**

City **MINEOLA** State **NY** Zip Code **11501**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4632

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **222 7TH ST. 2A**

City **GARDEN CITY** State **NY** Zip Code **11530**

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

Name of Employer **JASPAN SCHLESINGER** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES CAPETANAKIS

Mailing Address 93 86TH STREET

City State Zip Code
BROOKLYN NY 11209

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DAVIDOFF HUTCHER & CITRON LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

Mailing Address 201 AUBURN STREET

City State Zip Code
EAST WILLISTON NY 11596

FEC ID number of contributing federal political committee.

Name of Employer Occupation
QUEENS NASSAU NEPHROLOGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

Mailing Address 20 HARVARD ST

City State Zip Code
MASSAPEQUA NY 11758

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WINTHROP UNIVERSITY HOSPITAL DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FERDINAND J CARILLO

Mailing Address 151 JERICHO TURNPIKE

City State Zip Code
OLD WESTBURY NY 11568

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

Name of Employer Occupation
CITY OF OLD WESTBURY MAYOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FERDINAND J CARILLO

Mailing Address 151 JERICHO TURNPIKE

City State Zip Code
OLD WESTBURY NY 11568

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

Name of Employer Occupation
CITY OF OLD WESTBURY MAYOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION

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

Mailing Address 235 WEST 56TH ST
22H

City State Zip Code
NEW YORK NY 10019

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period
225.00

Memo Item

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

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

5225.00

**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 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOUIS P CARUSO

Mailing Address **212 WHITE ROAD**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **J&L MODERN CONCRETE** Occupation **SECRETARY/TREASURER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
01 / 29 / 2016

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address **144 JERICO TURNPIKE**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **BAIRRADA** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
02 / 10 / 2016

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period
2000.00

Memo Item
In-kind - FACILITY RENTAL/CATERING

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

Mailing Address **2700 SUNRISE HIGHWAY**

City **BELLMORE** State **NY** Zip Code **11710**

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

Name of Employer **CHURRASQUEIRA CARVALHOS RODIZI** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
03 / 08 / 2016

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL A CASTELLANO

Mailing Address 313 WEST OLD COUNTRY ROAD

City State Zip Code
HICKSVILLE NY 11801

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 110 OAK RIDGE LANE

City State Zip Code
ALBERTSON NY 11507

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

Name of Employer Occupation
CUSTODIO CERQUERIA LANDSCAPING OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 110 OAK RIDGE LANE

City State Zip Code
ALBERTSON NY 11507

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

Name of Employer Occupation
CUSTODIO CERQUERIA LANDSCAPING OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 85
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOAO P CONCEICAO		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2016	
Mailing Address 28 SAVANNA CIRCLE		Transaction ID : SA11AI.4560	
City MOUNT SINAI	State NY	Zip Code 11766	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer GABRIELE TRUCKS	Occupation SALES		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

Full Name (Last, First, Middle Initial) B. DANIEL M CORREIA		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2016	
Mailing Address 173 EVELYN RD		Transaction ID : SA11AI.4483	
City MINEOLA	State NY	Zip Code 11501	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer WINTHROP HOSPITAL	Occupation PROJECT MANAGER		
Receipt For: 2016 <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) C. ANTHONY R COSTA		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2016	
Mailing Address 2160 TITUS PATH		Transaction ID : SA11AI.4433	
City MUTTONTOWN	State NY	Zip Code 11791	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer ENVIRO EXPRESS INC	Occupation MANAGER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 4250.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 85

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAULO S DACOSTA

Mailing Address **36 MOUNT TOM ROAD**

City **NEW ROCHELLE** State **NY** Zip Code **10805**

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

Name of Employer **SELF** Occupation **AUTOMOTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

Mailing Address **1 HEATHCOTE DRIVE**

City **ALBERTSON** State **NY** Zip Code **11507**

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

Name of Employer **AUTO BODY HEADQUARTERS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARBARA A DEOLIVEIRA

Mailing Address **22 CROMWELL RD**

City **CARLE PLACE** State **NY** Zip Code **11514**

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

Name of Employer **ALLIANCE WELDING \$ STEEL FABRI** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4450

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 85

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOMINICK DEOLIVEIRA

Mailing Address **257 ROSELLE STREET**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **ALLIANCE WELDING & STEEL FABRI** Occupation **PROJECT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANK X DeOliveira

Mailing Address **51 FAIRMOUNT BLVD**

City **GARDEN CITY** State **NY** Zip Code **11530**

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

Name of Employer **ALLIANCE WELDING** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AVELINO A DESOUSA

Mailing Address **18 ARBOR LANE**

City **ROSLYN HEIGHTS** State **NY** Zip Code **11577**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

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

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

6700.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AVELINO A DESOUSA

Mailing Address 18 ARBOR LANE

City ROSLYN HEIGHTS State NY Zip Code 11577

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION

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

Mailing Address 4 SYCAMORE DR

City ROSLYN State NY Zip Code 11576

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

Name of Employer WINTHROP UNIVERSITY HOSPITAL Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 50 W. 34TH ST.
APT 3A12

City NY State NY Zip Code 10001

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

Name of Employer SELF Occupation BUSINESS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3550.00

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

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

FOR LINE NUMBER: PAGE 17 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA DONNO

Mailing Address 69 GRISTMILL LANE

City State Zip Code
MANHASSET NY 11030

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

Name of Employer Occupation
VILLAGE OF PLANDOME MANOR MAYOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH J FERRARA

Mailing Address 146 OXFORD BLVD

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
FERRARA BROS LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 109 CHARLES STREET

City State Zip Code
EAST WILLISTON NY 11596

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
250.00

Memo Item
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: PAGE 18 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DORETTE FORMAN

Mailing Address 130 SHORE RD

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer none Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 130 SHORE RD

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer none Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.4823

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 130 SHORE RD

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer SELF Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

8100.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER FORMAN

Mailing Address 130 SHORE RD

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer SELF Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MANNY A FRADE

Mailing Address 190 WILLIS AVE

City MINEOLA State NY Zip Code 11501

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

Name of Employer MELTZER LIPPE GOLDSTEIN Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF BONNIE PARENTE

Mailing Address 190 EAST JERICO TURNPIKE SUITE 204

City MINEOLA State NY Zip Code 11501

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4740

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

4950.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRIENDS OF EDWARD SCOTT

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

Mailing Address 55 SHELLEY LN

City State Zip Code
 GREAT NECK NY 11023

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

Name of Employer Occupation
 MINEOLA OTOLARYNGOLY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

Mailing Address 5 BAY DRIVEWAY

City State Zip Code
 MANHASSET NY 11030

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

Name of Employer Occupation
 SELF PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2016

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
 1000.00

Memo Item
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 21 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAM GEDULDIG

Mailing Address 1101 K STREET NW
SUITE 650

City WASHINGTON State DC Zip Code 20005

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

Name of Employer CGCN GROUP Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GIL P GOMES

Mailing Address 21 HILLVALE RD

City ALBERTSON State NY Zip Code 11507

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

Name of Employer PTZ CONTRACTING Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 106-17 153 STREET

City JAMAICA State NY Zip Code 11433

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

Name of Employer CONTRACTIG Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2016

Transaction ID : SA11AI.4530

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 85			
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARAK GREENFIELD

Mailing Address **2 LARCH DR.**

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

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

Name of Employer **ENT ASSOCIATES OF NY** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **5 HILLSIDE AVENUE**

City **PORT WASHINGTON** State **NY** Zip Code **11050**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address **30 MIDDLE RD**

City **SANDS POINT** State **NY** Zip Code **11050**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES HAGEDORN

Mailing Address 44 SOUTH BAYLES AVE
SUITE 218

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer SCOTTS MIRACLE-GRO Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 44 SOUTH BAYLES AVE
SUITE 218

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer SCOTTS MIRACLE-GRO Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 44 SOUTH BAYLES AVE
SUITE 218

City PORT WASHINGTON State NY Zip Code 11050

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

8100.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KARLI HAGEDORN

Mailing Address **44 SOUTH BAYLES AVE**
SUITE 218

City **PORT WASHINGTON** State **NY** Zip Code **11050**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address **52 DONALD STREET**

City **EAST WILLISTON** State **NY** Zip Code **11596**

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

Name of Employer **NASSAU SURGICAL ASSOCIATES PC** Occupation **SURGEON**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **206 NORTHWOODS ROAD**

City **MANHASSET** State **NY** Zip Code **11030**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

3450.00

**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 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD B JACARUSO

Mailing Address 178 HILLTURN LANE

City State Zip Code
ROSLYN HEIGHTS NY 11577

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

Name of Employer Occupation
ISLAND CARDIAC SPECIALISTS CARDIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J EDMUND KEATING

Mailing Address 3 EUSTON RD

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
WINTHROP UNIVERSITY HOSPITAL MARKETING & PR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

Mailing Address 6 CHESTNUT HILL DRIVE

City State Zip Code
UPPER BROOKVILLE NY 11771

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1350.00

**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 85
	<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)
MARTINS FOR CONGRESS

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

Mailing Address 32645 MAIN ROAD

City CUTCHOGUE State NY Zip Code 11935

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

Name of Employer THOMAS J. KILLEEN P.C. Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIP L BODI MD FACS PLLC

Mailing Address BOX 235

City COLD SPRING HARBOR State NY Zip Code 11724

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 4 SUNFLOWER CT

City DIX HILLS State NY Zip Code 11746

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

Name of Employer QUEENS NASSAU NEPHROLOGY Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER KRAMER

Mailing Address 160 SWEET HOLLOW ROAD
160 SWEET HOLLOW ROAD

City WEST HILLS State NY Zip Code 11743

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 1574 RICHARD AVE

City MERRICK State NY Zip Code 11566

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

Name of Employer LAGE INDUSTRIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SABATINO D LAMANNA

Mailing Address 28 WOODMERE BLVD S

City WOODMERE State NY Zip Code 11598

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

Name of Employer ALMAR SUPPLIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4250.00

**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 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ERMELINDA LEAL

Mailing Address **3 PINE DRIVE**

City **WOODBURY** State **NY** Zip Code **11797**

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

Name of Employer **MY FAVORITE HAIRCUTTERS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MITCHELL S LEFLAND

Mailing Address **14 RICHMOND**

City **JERICO** State **NY** Zip Code **11753**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **41 WYATT RD**

City **GARDEN CITY** State **NY** Zip Code **11530**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 29 OF 85

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEFFREY LEVINE

Mailing Address

City State Zip Code

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

Name of Employer
 SELF Occupation
 ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
 2700.00

Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN F LIZZA

Mailing Address 113 MAGNOLIA AVE

City State Zip Code
 WESTBURY NY 11590

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

Name of Employer
 INTERCOUNTY PAVING ASSOCIATES LLC Occupation
 MEMBER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period
 2000.00

Memo Item
 CONTRIBUTION

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

Mailing Address 29 PIPER DRIVE

City State Zip Code
 SEARINGTON NY 11507

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

Name of Employer
 J&A CONCRETE Occupation
 PROJECT SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period
 2500.00

Memo Item
 CONTRIBUTION

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

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

7200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOAO C LOBATO

Mailing Address 29 PIPER DRIVE

City State Zip Code
SEARINGTON NY 11507

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

Name of Employer Occupation
J&A CONCRETE PROJECT SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOAO C LOBATO

Mailing Address 29 PIPER DRIVE

City State Zip Code
SEARINGTON NY 11507

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

Name of Employer Occupation
J&A CONCRETE PROJECT SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2016

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARLENE M LOBATO

Mailing Address 29 PIPER DRIVE

City State Zip Code
SEARINGTON NY 11507

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

Name of Employer Occupation
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

4750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHEN M LOURO

Mailing Address **2 HUNTERS WAY**

City **NISSEQUOGUE** State **NY** Zip Code **11780**

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

Name of Employer **BENEFITS** Occupation **PGP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHEN M LOURO

Mailing Address **2 HUNTERS WAY**

City **NISSEQUOGUE** State **NY** Zip Code **11780**

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

Name of Employer **BENEFITS** Occupation **PGP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

7400.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CATHLEEN MACEDO

Mailing Address **PO BOX 75**

City **NEW VERNON** State **NY** Zip Code **07976**

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

Name of Employer **MACEDOS CONSTRUCTION** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 75**

City **NEW VERNON** State **NY** Zip Code **07976**

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

Name of Employer **MACEDOS CONSTRUCTION** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION

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

Mailing Address **534 MAIN STREET**

City **WETSBURY** State **NY** Zip Code **11590**

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

Name of Employer **D&B COUSINS CONSTRUCTION** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

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

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

5600.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JACK MACEDO

Mailing Address **25 MINNEAKONING RD**
STE 200

City **FLEMINGTON** State **NJ** Zip Code **08822**

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

Name of Employer **MACEDOS CONSTRUCTION** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.4543

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

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

Mailing Address **3 BEECHWOOD STREET**

City **FARMINGDALE** State **NY** Zip Code **11735**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **RN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

Mailing Address **143 WALKER RD**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **MASPETH FEDERAL SAVINGS** Occupation **CHIEF LENDING OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 34 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CANDIDA MAIA

Mailing Address 385 MINEOLA BLVD

City MINEOLA State NY Zip Code 11501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address 385 MINEOLA BLVD

City MINEOLA State NY Zip Code 11501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOAO A MARQUES

Mailing Address 86 LIBERTY AVENUE

City MINEOLA State NY Zip Code 11501

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

Name of Employer MARTINS TRAVEL AGENCY INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANTONIO MARTINS

Mailing Address 80 THE DELL

City: ALBERTSON State: NY Zip Code: 11507

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 01 / 15 / 2016

Transaction ID : SA11AI.4437

Amount of Each Receipt this Period: 2700.00

Memo Item CONTRIBUTION

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

Mailing Address 80 THE DELL

City: ALBERTSON State: NY Zip Code: 11507

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 01 / 15 / 2016

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period: 2300.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANTONIO J MARTINS

Mailing Address 22N 6TH STREET
APT 14C

City: BROOKLYN State: NY Zip Code: 11249

FEC ID number of contributing federal political committee: C

Name of Employer: J&A CONCRETE Occupation: MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 01 / 29 / 2016

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period: 2000.00

Memo Item CONTRIBUTION

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANTONIO MARTINS

Mailing Address 80 THE DELL

City ALBERTSON State NY Zip Code 11507

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

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

Mailing Address 80 THE DELL

City ALBERTSON State NY Zip Code 11507

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 80 THE DELL

City ALBERTSON State NY Zip Code 11507

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016

Transaction ID : SA11AI.4534

Amount of Each Receipt this Period
2300.00

Memo Item
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: PAGE 37 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GLORIA MARTINS

Mailing Address 80 THE DELL

City State Zip Code
ALBERTSON NY 11507

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JONATHAN M MARTINS

Mailing Address 217 51ST AVE
APT 423

City State Zip Code
LONG ISLAND CITY NY 11101

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

Name of Employer Occupation
J&A CONCRETE MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4582

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAERTE R MARTINS

Mailing Address 52 HILLTOP ROAD

City State Zip Code
LEVITTOWN NY 11756

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

Name of Employer Occupation
JENNA CONCRETE COMPANY DISPATCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4400.00

**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 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RENE MEDIAVILLO

Mailing Address **92-02 LIBERTY AVENUE**

City **OZONE PARK** State **NY** Zip Code **11417**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **11 GRIFFIN LANE**

City **EAST WILLISTON** State **NY** Zip Code **11596**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **27 MARINO AVENUE**

City **PORT WASHINGTON** State **NY** Zip Code **11050**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **ADMINISTRATIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : SA11AI.4715

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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: PAGE 39 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANTONIO M MELO

Mailing Address 18 NIXON STREET

City State Zip Code
FARMINGVILLE NY 11738

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

Name of Employer Occupation
B A N D CONSTRUCTION OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARIA D MENDES

Mailing Address 123 SEWARD AVE

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 57 WORTHINGTON RD

City State Zip Code
WHITE PLAINS NY 11501

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

Name of Employer Occupation
SELF AUTOMOTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TIMOTHY MOONEY

Mailing Address **PO BOX 5311, 99 MAPLE AVE.**

City **BAY SHORE** State **NY** Zip Code **11706**

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

Name of Employer **FIRE ISLAND FERRIES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **375 MINEOLA BLVD**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address **670 FAIRVIEW AVENUE**

City **WESTBURY** State **NY** Zip Code **11590**

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

Name of Employer **INDIGO PLASTICS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDRES OLIVEIRA

Mailing Address 195 PIDGEON HILL RD

City State Zip Code
HUNTINGTON STATION NY 11746

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

Name of Employer Occupation
OLIVEIRA CONTRACTING, INC CONTROLLER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 91 LONGFELLOW AVE

City State Zip Code
LEVITTOWN NY 11756

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSE MANUEL OLIVEIRA

Mailing Address 91 LONGFELLOW AVE

City State Zip Code
LEVITTOWN NY 11756

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

Name of Employer Occupation
OLIVEIRA CONTRACTING INC CONTRACTRO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4586

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 85			
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LARRY PAPPAS

Mailing Address

City State Zip Code

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOAO C PARADA

Mailing Address 8 HICKS LANE

City State Zip Code
OLD WESTBURY NY 11568

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

Name of Employer
SELF

Occupation
REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address 16 SHELTER LANE

City State Zip Code
UPPER BROOKVILLE NY 11545

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4300.00

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

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

FOR LINE NUMBER: PAGE 43 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MANUEL H PEREIRA

Mailing Address 1912 LENOX AVENUE

City EAST MEADOW State NY Zip Code 11554

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

Name of Employer COVA CONCRETE CORP Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 32 EASTWOODS DRIVE

City COLD SPRING HARBOR State NY Zip Code 11724

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

Name of Employer DRS KLEIN, GEIER, LIPP LLP Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 609 EDGEWOOD DRIVE

City WESTBURY State NY Zip Code 11590

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

6700.00

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

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

FOR LINE NUMBER: PAGE 44 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS J PERRI

Mailing Address 200 BANBURY RD

City MINEOLA State NY Zip Code 11501

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

Name of Employer J&A CONCRETE CORP Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 200 BANBURY RD

City MINEOLA State NY Zip Code 11501

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

Name of Employer J&A CONCRETE CORP Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS J PERRI

Mailing Address 200 BANBURY RD

City MINEOLA State NY Zip Code 11501

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

Name of Employer J&A CONCRETE CORP Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS J PERRI

Mailing Address 200 BANBURY RD

City MINEOLA State NY Zip Code 11501

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

Name of Employer J&A CONCRETE CORP Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

Mailing Address 200 BANBURY RD

City MINEOLA State NY Zip Code 11501

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

Name of Employer J&A CONCRETE CORP Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
 1900.00

Memo Item
CONTRIBUTION

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

Mailing Address 200 BANBURY ROAD

City MINEOLA State NY Zip Code 11501

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

Name of Employer J&A CONCRETE CORP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

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

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VANESSA PERRI

Mailing Address **200 BANBURY ROAD**

City **MINEOLA** State **NY** Zip Code **11501**

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

Name of Employer **J&A CONCRETE CORP** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

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

Mailing Address **1 BRYANT ROAD**

City **GLEN COVE** State **NY** Zip Code **11542**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **ADMINISTRATIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

Mailing Address **128 BIRCH LANE**

City **MANHASSET** State **NY** Zip Code **11030**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
1000.00

Memo Item
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: PAGE 47 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHEPARD POOLE

Mailing Address 30 CHESTNUT ST

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
HALLEN CONSTRUCTION CO INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MANUEL L PORTELA

Mailing Address 498 HULL ST

City State Zip Code
EAST MEADOW NY 11554

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

Name of Employer Occupation
D. REIS FURNITURE MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 4 TAPPENTOWN LANE

City State Zip Code
BROOKVILLE NY 11545

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

Name of Employer Occupation
ISLAND WIDE MEDICAL ASSOCIATES PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER L REALI

Mailing Address 6 RIDGE ROAD

City State Zip Code
SEARINGTOWN NY 11507

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

Name of Employer Occupation
ROYAL WASTE SERVICES VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ARTHUR GEORGE REIS

Mailing Address 8 HIDDEN POND

City State Zip Code
MUTTONTOWN NY 11545

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

Name of Employer Occupation
FORDHAM CONCRETE CONCRETE MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 112 FAIRFIELD AVE

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
D. REIS CONTRACTING CORP SECRETARY/TREASURER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4471

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOMINGOS REIS

Mailing Address 112 FAIRFIELD AVE

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
D. REIS CONTRACTING CORP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 38 NEWKIRK AVE

City State Zip Code
EAST ROCKAWAY NY 11518

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 43 ROFAY DR

City State Zip Code
EAST NORTHPORT NY 11731

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

Name of Employer Occupation
FIRST AMERICAN INTERNATIONAL BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 85
	<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)
MARTINS FOR CONGRESS

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

Mailing Address **21 CAMEL HOLLOW RD**

City **LLOYD HARBOR** State **NY** Zip Code **11743**

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

Name of Employer **NORTHSHORE LIJ HEALTH SYSTEM** Occupation **SURGEON**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1540.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2016

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period
1540.52

Memo Item
 IN-KIND: FOOD/BEVERAGE/CATERING FOR 1/30/16 EVENT

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

Mailing Address **PO BOX 130752**

City **BIRMINGHAM** State **AL** Zip Code **35213**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address **310 EAST SHORE ROAD
SUITE 100**

City **GREAT NECK** State **NY** Zip Code **11023**

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

Name of Employer **BEHAVIORAL MEDICINE ASSOCIATES** Occupation **CLINICAL DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION

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

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

2015.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
	<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)
MARTINS FOR CONGRESS

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

Mailing Address 5 ESPIE LANE

City NORTH BABYLON State NY Zip Code 11703

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

Name of Employer INDUSTRIAL COVERAGE Occupation INSURANCE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 9 FARM LANE

City ROSLYN HEIGHTS State NY Zip Code 11577

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

Name of Employer GASTROENTEROLOGY ASSOCIATES PC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 1 SARAH DRIVE

City DIX HILLS State NY Zip Code 11746

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 52 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT ROSENTHAL

Mailing Address 187 ANDREWS

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
RETIRED JUDGE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 531 LATHAM RD

City State Zip Code
MINEOLA NY 11504

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

Name of Employer Occupation
CSC SYSTEM ANALYST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOE E ROWAN

Mailing Address 150 SIMONSON ROAD

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
RCJJ INTERNATIONAL LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4567

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

2550.00

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

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

FOR LINE NUMBER: PAGE 53 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

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

Mailing Address 140 SIMONSON ROAD

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
ROWAN CONSTRUCTION MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 39 SYCAMORE LANE

City State Zip Code
ROSLYN HEIGHTS NY 11577

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

Name of Employer Occupation
NYCON SUPPLY CO OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1965 STRATFORD DRIVE

City State Zip Code
WESTBURY NY 11590

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

Name of Employer Occupation
WINTHROP UNIVERSITY HOSPITAL HEALTHCARE ADMINISTRATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

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

4350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER P SAUVIGNE

Mailing Address 5 WOODLAND ROAD

City State Zip Code
OLD WESTBURY NY 11568

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

Name of Employer Occupation
SAUVIGNE & COMPANY LLP CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 312 TRUMBULL RD

City State Zip Code
MANHASSET NY 11030

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

Name of Employer Occupation
MIZUHO SECURITIES VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4639

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANTHONY L SCACCIA

Mailing Address 104-14 148 ST

City State Zip Code
JAMAICA NY 11435

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

Name of Employer Occupation
CITY TRANSIT MIX CONCRETE MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4435

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER SCALAMANDRE

Mailing Address 55 CRESCENT COVE CT

City State Zip Code
SEAFORD NY 11783

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

Name of Employer Occupation
PETER SCALAMANDRE CONSTRUCTION OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 610 WEST 42ND STREET
20E

City State Zip Code
NEW YORK NY 10036

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

Name of Employer Occupation
AXIUM ADVISORS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GARY J SCHWARTZ

Mailing Address 9 MEADOWLARK LANE

City State Zip Code
OYSTER BAY COVE NY 11771

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

Name of Employer Occupation
GASTROENTEROLOGY ASSOCIATES PC PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

4950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E RAMONE SEGREE

Mailing Address **ONE COLUMBUS PLACE**
APT N16C

City **NEW YORK** State **NY** Zip Code **10019**

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

Name of Employer **WINTHROP-UNIVERSITY** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

Mailing Address **3 FATHERS CT**

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

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

Name of Employer **SVS STANDARD VALUATION SERVICE** Occupation **SECRETARY/TREASURER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2016

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **79 MASON DR**

City **MANHASSET** State **NY** Zip Code **11030**

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

Name of Employer **SOBOL DISTRIBUTORS INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4646

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 57 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SPELLMAN RICE GIBBONS POLIZZI & TRUNCLAE, LLP

Mailing Address 229 SEVENTH STREET
SUITE

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GREGORY M SPISAK

Mailing Address 10 SHADOW LANE

City State Zip Code
EAST WILLISTON NY 11596

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

Name of Employer Occupation
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 205 EAST 77TH STREET
PHC

City State Zip Code
NEW YORK NY 10075

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4521

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 58 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEONARD STEIN

Mailing Address 13 MARY LANE

City GREENVALE State NY Zip Code 11548

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

Name of Employer GASTROENTEROLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2016

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

Mailing Address 13 MARY LANE

City GREENVALE State NY Zip Code 11548

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

Name of Employer GASTROENTEROLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

Mailing Address 15 SARAH DRIVE

City DIX HILLS State NY Zip Code 11746

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

Name of Employer GASTROENTEROLOGY ASSOCIATES PC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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 59 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARMANDO J TAVARES

Mailing Address 8000 CINDER BED RD

City State Zip Code
LORTON VA 22079

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

Name of Employer Occupation
TAVERAS CONCRETE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 199 MONTECITO CRESCENT

City State Zip Code
MELVILLE NY 11747

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

Name of Employer Occupation
WINTHROP UNIVERSITY HOSPITAL CHIEF NURSING OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.4735

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 164 HARBOR LANE

City State Zip Code
MASSAPEQUA PK NY 11762

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 85
	<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANTHONY VALENTE

Mailing Address 155 WEST LAKE DRIVE

City MONTAUK State NY Zip Code 11954

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

Name of Employer JENNA CONCRETE COMPANY Occupation SELF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4436

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 558

City BRONX State NY Zip Code 10472

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

Name of Employer JENNA CONCRETE COMPANY Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 366 MINEOLA BLVD

City MINEOLA State NY Zip Code 11501

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

Name of Employer VALENTE CONTRACTING CORP Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

4250.00

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

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

FOR LINE NUMBER: PAGE 61 OF 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN VALENTE

Mailing Address 366 MINEOLA BLVD

City State Zip Code
MINEOLA NY 11501

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

Name of Employer Occupation
VALENTE CONTRACTING CORP OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 30 2016

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 2 BLUFF LANE

City State Zip Code
SETAUKET NY 11733

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

Name of Employer Occupation
AURORA CONTRACTORS CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 16 2016

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 2350 RUGBY STREET

City State Zip Code
EAST MEADOW NY 11554

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 29 2016

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4950.00

**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 12 11b 13a 11c 13b 11d 14 15
 PAGE 62 OF 85

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PHILIP WESTERMAN

Mailing Address 44 BAY DRIVE

City MASSAPEQUA State NY Zip Code 11758

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

Name of Employer ARTHUR J GALLAGHER & CO Occupation SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

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

Mailing Address 44 BAY DRIVE

City MASSAPEQUA State NY Zip Code 11758

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

Name of Employer ARTHUR J GALLAGHER & CO Occupation SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

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

Mailing Address 102 MCGUFFEY LANE

City DELMAR State NY Zip Code 12054

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 63 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELIZABETH WIRSCHING

Mailing Address 303 EAST 57TH STREET, APT. 22L

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 303 EAST 57TH STREET, APT. 22L

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 17 ANNETTE WAY

City State Zip Code
JERICHO NY 11753

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 64 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOWARD N ZAPKEN

Mailing Address **545 BRYANT AVE**

City **ROSLYN HARBOR** State **NY** Zip Code **11576**

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

Name of Employer **ZAPKEN & LOEB LLP CPA'S** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
01 / 29 / 2016

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address **720 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **ZIFF BROTHERS INVESTMENTS** Occupation **MANAGING PARTNER, CO-CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
03 / 15 / 2016

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address **720 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **ZIFF BROTHERS INVESTMENTS** Occupation **MANAGING PARTNER, CO-CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
03 / 15 / 2016

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

7400.00

240765.52

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

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

FOR LINE NUMBER: PAGE 65 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARPENTERS' LEGISLATIVE IMPROVEMENT COMMITTEE

Mailing Address 101 CONSTITUTION AVE NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11C.4742

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11C.4744

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 7480

City VISALIA State CA Zip Code 93292

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11C.4745

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 85
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC PAC

Mailing Address 101 S WASHINGTON SQ
SUITE 620

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00388827

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11C.4746

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAIN STREET PAC

Mailing Address 325 7TH ST NW
STE 610

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11C.4747

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

6000.00

21000.00

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 67 OF 85	
<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)
MARTINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PRIME NEW YORK

Mailing Address **233 BROADWAY**
SUITE 702

City **NEW YORK** State **NY** Zip Code **11596**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
4759.59

Date of Receipt

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

Transaction ID : SA14.4785

Amount of Each Receipt this Period
4759.59

Memo Item
REFUND: MEDIA PLACEMENT

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

Amount of Each Receipt this Period _____

Memo Item

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period _____

Memo Item

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

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

4759.59

4759.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 1843.41		
City NEWARK	State NJ	Zip Code 07101	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type 001	Transaction ID : SB17.4763		
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. EXPEDIA INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016		
Mailing Address 333 108TH AVE			Amount of Each Disbursement this Period 248.10		
City BELLEVUE	State WA	Zip Code 98004	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.4763.4		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. EXPEDIA INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016		
Mailing Address 333 108TH AVE			Amount of Each Disbursement this Period 159.10		
City BELLEVUE	State WA	Zip Code 98004	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.4763.6		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	1843.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 85	
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN & SUITES		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2016
Mailing Address 10400 FERNWOOD ROAD		Amount of Each Disbursement this Period 1038.53
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4763.9
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. MANUEL CARVALHO		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 144 JERICHO TURNPIKE		Amount of Each Disbursement this Period 2000.00
City MINEOLA	State NY	
Zip Code 11501	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CROSBY OTTENHOFF GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 611 PENNSYLVANIA AVE #267		Amount of Each Disbursement this Period 1500.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4771
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CROSBY OTTENHOFF GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016	
Mailing Address 611 PENNSYLVANIA AVE #267			Amount of Each Disbursement this Period 1500.00	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.4772	
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. IMGE LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016	
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR			Amount of Each Disbursement this Period 2200.00	
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MEDIA PLACEMENT		Category/ Type	Transaction ID : SB17.4775	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. IMGE LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016	
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR			Amount of Each Disbursement this Period 2590.00	
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement WEB SERVICE		Category/ Type	Transaction ID : SB17.4776	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. IMGE LLC		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 440.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA PLACEMENT	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.4777
State: District:		

Full Name (Last, First, Middle Initial) B. IMGE LLC		Date of Disbursement MM / DD / YYYY 03 / 28 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 81.50
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.4778
State: District:		

Full Name (Last, First, Middle Initial) C. IMGE LLC		Date of Disbursement MM / DD / YYYY 03 / 28 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 250.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIAMEDIA PLACEMENT	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.4779
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	771.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 85	
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JERICO TERRACE		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 249 JERICO TURNPIKE		Amount of Each Disbursement this Period 450.00
City MINEOLA	State NY	
Zip Code 11501	Purpose of Disbursement FOOD/BEVERAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4877
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. ADAM LORENTZEN		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address PO BOX 12		Amount of Each Disbursement this Period 1896.55
City WILLISTON PARK	State NY	
Zip Code 11596	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4780
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADAM LORENTZEN		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address PO BOX 12		Amount of Each Disbursement this Period 5000.00
City WILLISTON PARK	State NY	
Zip Code 11596	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4782
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7346.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PRIME NEW YORK		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 233 BROADWAY SUITE 702		Amount of Each Disbursement this Period 9999.99 Memo Item <input type="checkbox"/> Transaction ID : SB17.4783
City NEW YORK State NY Zip Code 11596	Purpose of Disbursement MEDIA PLACEMENT 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. DAVID RIVADENEIRA		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 21 CAMEL HOLLOW RD		Amount of Each Disbursement this Period 9999.99 Memo Item <input type="checkbox"/> Transaction ID : SB17.4867
City LLOYD HARBOR State NY Zip Code 11743	Purpose of Disbursement IN-KIND: FOOD/BEVERAGE/CATERING FOR 1/30/16 EVENT Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 9999.99 Memo Item <input type="checkbox"/> Transaction ID : SB17.4788
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING 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:		

SUBTOTAL of Disbursements This Page (optional).....	9959.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 2.28		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4789		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 20.05		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4790		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 58.30		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4791		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	80.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 85	
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 8.00
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4792
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 8.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4793
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 34.78
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4827
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	50.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4828		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 29.30		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4794		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 5.34		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4795		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	42.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 12.20		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4796		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 9.30		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4797		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 3.20		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4798		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	24.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 14.80		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4799		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 21.80		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4800		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 44.15		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4801		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	80.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 33.40
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4802
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 9.30
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4803
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 26.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4804
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	68.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 43.55		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.4805		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 33.40		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.4806		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 33.40		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.4807		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	110.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 79.69	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.4808	
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 18.00	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.4809	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 7.13	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.4810	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	104.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 6.40		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4811		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 17.15		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4812		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 0.88		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4813		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	24.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 22.75		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4814		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 853.80		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4815		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 46.51		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4816		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	923.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 889.46		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4817		
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. SUFFOLK COUNTY REPUBLICAN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address 1150 PORTION ROAD SUITE 2			Amount of Each Disbursement this Period 400.00		
City HOLTSVILLE	State NY	Zip Code 11742	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REGISTRATION FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.4818		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. THEODORE WELCH			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016		
Mailing Address PO BOX 12			Amount of Each Disbursement this Period 2322.58		
City WILLISTON	State NY	Zip Code 11596	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name			Transaction ID : SB17.4819		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	3612.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 85			
	<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)
MARTINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THEODORE WELCH			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016		
Mailing Address PO BOX 12			Amount of Each Disbursement this Period 3000.00		
City WILLISTON	State NY	Zip Code 11596	<input type="checkbox"/> Memo Item Transaction ID : SB17.4820		
Purpose of Disbursement PAYROLL		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. THEODORE WELCH			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address PO BOX 12			Amount of Each Disbursement this Period 3000.00		
City WILLISTON	State NY	Zip Code 11596	<input type="checkbox"/> Memo Item Transaction ID : SB17.4821		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	40834.82