

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**Marino for Congress**

ADDRESS (number and street) PO Box 653  
 Check if different than previously reported. (ACC) Williamsport PA 17703

2. **FEC IDENTIFICATION NUMBER** ▼ C C00475145 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
PA 10

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Chris Marston  
Signature of Treasurer Chris Marston [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 128854.60               | 582867.14                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 1421.25                 | 1421.25                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 127433.35               | 581445.89                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 78011.89                | 344038.02                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.19                    | 0.19                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 78011.70                | 344037.83                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 323761.86               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 1935.62                 |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Marino for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 56954.60                              | 301594.60                                  |
| (ii) Unitemized.....   | 400.00                                | 11262.54                                   |
| (iii) TOTAL of contributions from individuals ▶  | 57354.60                              | 312857.14                                  |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 71500.00                              | 270010.00                                  |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 128854.60                             | 582867.14                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 5459.71                                    |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.19                                  | 0.19                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 128854.79                             | 588327.04                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 90

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 78011.89                      | 344038.02                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 1421.25                       | 1421.25                            |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1421.25                       | 1421.25                            |
| 21. OTHER DISBURSEMENTS .....  | 2615.00                       | 77568.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 82048.14                      | 423027.27                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 276955.21 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 128854.79 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 405810.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 82048.14  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 323761.86 |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 5 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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

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

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

Mailing Address P.O. BOX 534

City State Zip Code  
CRBONDALE PA 18407-0534

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

Name of Employer Occupation  
SELF-EMPLOYED EXECUTIVES

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  
10 / 26 / 2015

**Transaction ID : SA11.5640**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 397 WALKER ROAD

City State Zip Code  
WAYNE PA 19087-1319

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

Name of Employer Occupation  
MCCORMICK TAYLOR VICE PRESIDENT

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  
12 / 03 / 2015

**Transaction ID : SA11.5671**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address PO BOX 249

City State Zip Code  
MONTOURSVILLE PA 17754-

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

Name of Employer Occupation  
NONE RETIRED

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  
11 / 06 / 2015

**Transaction ID : SA11.5644**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 120 ROCKY VIEW DRIVE

City State Zip Code  
HAWLEY PA 18428-4536

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

Name of Employer Occupation  
DIME BANK BANKER

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  
 10 03 2015

**Transaction ID : SA11.5615**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address PO BOX 247

City State Zip Code  
KREAMER PA 17833-0247

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

Name of Employer Occupation  
BINGAMAN & SONS LUMBER, INC. SECRETARY

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  
 11 16 2015

**Transaction ID : SA11.5653**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED  
SEE REATTRIBUTION

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

Mailing Address PO BOX 247

City State Zip Code  
KREAMER PA 17833-0247

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

Name of Employer Occupation  
BINGAMAN & SONS LUMBER, INC. SECRETARY

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  
 11 16 2015

**Transaction ID : SA11.5653B**

Amount of Each Receipt this Period  
 -1300.00  
 CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**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 7 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. MAX E. BINGAMAN**

Mailing Address **PO BOX 247**

City **KREAMER** State **PA** Zip Code **17833-0247**

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

Name of Employer **BINGAMAN & SON LUMBER, INC** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2015**

**Transaction ID : SA11.5655**

Amount of Each Receipt this Period  
**1300.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

Mailing Address **921 DRINKER TURNPIKE  
SUITE 24**

City **COVINGTON TOWNSHIP** State **PA** Zip Code **18444-7948**

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

Name of Employer **BRACEY'S SUPERMARKETS** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11.5708**

Amount of Each Receipt this Period  
**5400.00**

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

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

Mailing Address **350 COMMERCE DR**

City **SCOTT TOWNSHIP** State **PA** Zip Code **18447-7738**

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

Name of Employer **BROJACK LUMBER** Occupation **OWNER**

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  
**11 / 24 / 2015**

**Transaction ID : SA11.5691**

Amount of Each Receipt this Period  
**1500.00**

CONTRIBUTION

REFUNDED \$600.00 ON 12/29/2015

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

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

**6900.00**

**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 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM W. BROOKS III**

Mailing Address **2428 KELLYBURG ROAD**

City **TROUT RUN** State **PA** Zip Code **17771-8840**

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

Name of Employer **RETIRED** Occupation **NONE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11.5709**

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

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

Mailing Address **1949 NEWTON RANSOM BLVD**

City **CLARKS SUMMIT** State **PA** Zip Code **18411-9628**

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

Name of Employer **SCRANTON LABEL INC.** Occupation **SECRETARY**

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  
**11 / 07 / 2015**

**Transaction ID : SA11.5648**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

Mailing Address **112 FATHER JOHN DR**

City **LAKE ARIEL** State **PA** Zip Code **18436-4630**

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

Name of Employer **NONE** Occupation **RETIRED**

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  
**10 / 03 / 2015**

**Transaction ID : SA11.5613**

Amount of Each Receipt this Period  
**50.00**  
 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:<br>(check only one)  | PAGE 9 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY J. DEPAUL**

Mailing Address 1750 WALTON RD

City State Zip Code  
BLUE BELL PA 19422-2306

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

Name of Employer Occupation  
DEPAUL GROUP 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  
 12 / 03 / 2015

**Transaction ID : SA11.5673**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 28 MAIN STREET  
P.O. BOX 327

City State Zip Code  
TOWANDA PA 18848-1825

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

Name of Employer Occupation  
GANNON & ASSOCIATES, INC. INSURANCE AGENT

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  
 12 / 31 / 2015

**Transaction ID : SA11.5702**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 10 SEVEN SPRINGS DR.

City State Zip Code  
READING PA 19607-9766

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

Name of Employer Occupation  
PENSKE TRUCK RENTAL EXECUTIVE

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  
 12 / 17 / 2015

**Transaction ID : SA11.5683**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

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

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

6500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 10 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**HON. ANTHONY V. HERZOG**

Mailing Address **8 WHITETAIL PLACE**

City **HONESDALE** State **PA** Zip Code **18431-9606**

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

Name of Employer **NONE** Occupation **RETIRED**

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  
**10 / 01 / 2015**

**Transaction ID : SA11.5607**

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

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

Mailing Address **101 TERWOOD LANE**

City **LANSDALE** State **PA** Zip Code **19446-1678**

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

Name of Employer **MCCORMICK TAYLOR** Occupation **ENGINEER**

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  
**12 / 03 / 2015**

**Transaction ID : SA11.5672**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN J. MARTIN**

Mailing Address **1022 COURT ST**

City **HONESDALE** State **PA** Zip Code **18431-1925**

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  
**10 / 01 / 2015**

**Transaction ID : SA11.5611**

Amount of Each Receipt this Period  
**250.00**  
 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 11 OF 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**JAMES E MCERLANE**

Mailing Address **2 HUNT CLUB LANE**

City **MALVERN** State **PA** Zip Code **19355-3406**

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

Name of Employer **LAMB MCERLANE** Occupation **LAWYER**

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  
**12 / 17 / 2015**

**Transaction ID : SA11.5682**

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

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

Mailing Address **16 N RIDGE ROAD**

City **POMONA** State **NY** Zip Code **10970-2111**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

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  
**10 / 16 / 2015**

**Transaction ID : SA11.5628**

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

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

Mailing Address **3612 AUTUMN DRIVE**

City **FORT WORTH** State **TX** Zip Code **76109-2611**

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

Name of Employer **AMERICAN CONTINENTAL GROUP** Occupation **LAWYER**

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  
**10 / 14 / 2015**

**Transaction ID : SA11.5624**

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

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

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

**3500.00**

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

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

FOR LINE NUMBER: PAGE 12 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. BARRY D. RHOADS**

Mailing Address 733 TENTH ST NW  
STE 400

City WASHINGTON State DC Zip Code 20001-4886

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

Name of Employer CASSIDY & ASSOCIATES Occupation CHAIRMAN

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  
 10 / 03 / 2015

**Transaction ID : SA11.5616**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 214 6TH ST

City HONESDALE State PA Zip Code 18431-1810

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

Name of Employer NEW WAVE, INC. Occupation EXECUTIVE

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  
 10 / 01 / 2015

**Transaction ID : SA11.5610**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

Mailing Address 1111 W DEKALB PIKE

City WAYNE State PA Zip Code 19087-2180

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

Name of Employer CAPITAL MANAGEMENT COMAPNIES Occupation CHAIRMAN AND CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11.5651**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

3150.00

**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 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 1111 W DEKALB PIKE

City WAYNE State PA Zip Code 19087-2180

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

Name of Employer CAPITAL MANAGEMENT COMAPNIES Occupation CHAIRMAN AND CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11.5651B**

Amount of Each Receipt this Period  
 -1000.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 1111 W DEKALB PIKE

City WAYNE State PA Zip Code 19087-2180

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

Name of Employer CAPITAL MANAGEMENT COMAPNIES Occupation CHAIRMAN AND CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11.5721**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**WAYNE R. STEPHENS R.PH.**

Mailing Address 183 HICKORY ROAD

City HONESDALE State PA Zip Code 18431-9607

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

Name of Employer STEPHEN'S PHARMACY Occupation PHARMACIST

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  
 10 / 01 / 2015

**Transaction ID : SA11.5608**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

**250.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 14 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER J. STONE**

Mailing Address 1025 FAIRFIELD CIRCLE

City State Zip Code  
CLARKS SUMMIT PA 18411-8888

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

Name of Employer Occupation  
STONE OFFICE, INC. PRESIDENT

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  
10 / 03 / 2015

**Transaction ID : SA11.5614**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE G. SUHOSKY**

Mailing Address 71 RADCLIFFE DR

City State Zip Code  
HUNTINGTOWN MD 20639-8795

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

Name of Employer Occupation  
NONE HOMEMAKER

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  
10 / 01 / 2015

**Transaction ID : SA11.5606**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT DAVID SUHOSKY**

Mailing Address 71 RADCLIFFE DR

City State Zip Code  
HUNTINGTOWN MD 20639-8795

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

Name of Employer Occupation  
KITTY HAWK TECHNOLOGIES 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  
10 / 01 / 2015

**Transaction ID : SA11.5605**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

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

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

5700.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 15 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 220 RODERICK ROAD

City State Zip Code  
WILLIAMSPORT PA 17701-1845

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

Name of Employer Occupation  
SUPPLY SOURCE INC. OWNER

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  
12 30 2015

**Transaction ID : SA11.5696**

Amount of Each Receipt this Period  
5400.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

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

Mailing Address 220 RODERICK ROAD

City State Zip Code  
WILLIAMSPORT PA 17701-1845

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

Name of Employer Occupation  
SUPPLY SOURCE INC. OWNER

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  
12 30 2015

**Transaction ID : SA11.5696B**

Amount of Each Receipt this Period  
-2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

Mailing Address 220 RODERICK ROAD

City State Zip Code  
WILLIAMSPORT PA 17701-1845

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

Name of Employer Occupation  
SUPPLY SOURCE INC. OWNER

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  
12 30 2015

**Transaction ID : SA11.5701**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**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 16 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 605 WINDY RIDGE ROAD

City State Zip Code  
COGAN STATION PA 17728-8729

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

Name of Employer Occupation  
SUPPLY SOURCE OWNER

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  
 12 / 30 / 2015

**Transaction ID : SA11.5697**

Amount of Each Receipt this Period  
5400.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

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

Mailing Address 605 WINDY RIDGE ROAD

City State Zip Code  
COGAN STATION PA 17728-8729

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

Name of Employer Occupation  
SUPPLY SOURCE OWNER

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  
 12 / 30 / 2015

**Transaction ID : SA11.5697B**

Amount of Each Receipt this Period  
-2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

Mailing Address 605 WINDY RIDGE ROAD

City State Zip Code  
COGAN STATION PA 17728-8729

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

Name of Employer Occupation  
SUPPLY SOURCE OWNER

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  
 12 / 30 / 2015

**Transaction ID : SA11.5699**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

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

5400.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 17 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE E. TOLL**

Mailing Address 1477 RYDAL RD

City RYDAL State PA Zip Code 19046-1244

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

Name of Employer SELF Occupation ENTREPRENEUR

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  
 12 / 14 / 2015

**Transaction ID : SA11.5685**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

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

Mailing Address 216 9TH STREET SE

City WASHINGTON State DC Zip Code 20003-2111

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

Name of Employer CAPITOL COUNSEL LLC. Occupation PRINCIPALE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : SA11.5681**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VINCENT J. TULLY M.D.**

Mailing Address 180 KELLOWS ROAD

City HONESDALE State PA Zip Code 18431-7913

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

Name of Employer NONE Occupation RETIRED

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  
 10 / 01 / 2015

**Transaction ID : SA11.5609**

Amount of Each Receipt this Period  
 250.00

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 18 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. VALENTE III**

Mailing Address 7055 LEESTONE STREET

City Springfield State VA Zip Code 22151-3520

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

Name of Employer VALENTE AND ASSOCIATES Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1304.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11.5674**

Amount of Each Receipt this Period  
**304.60**

CONTRIBUTION

FOOD/BEVERAGES

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

Mailing Address P.O. BOX 53600

City PHOENIX State AZ Zip Code 85072-3600

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  
 10 / 26 / 2015

**Transaction ID : SA11.5635**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LAW OFFICE OF CHARLES KANNEBECKER LLC**

Mailing Address 104 W HIGH ST

City MILFORD State PA Zip Code 18337-1618

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

Name of Employer Occupation

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  
 12 / 30 / 2015

**Transaction ID : SA11.5693**

Amount of Each Receipt this Period  
**5400.00**

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED;  
PARTNERSHIP ATTRIBUTION REQUEST

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

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

**6704.60**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 19 OF 90 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**LAW OFFICE OF CHARLES KANNEBECKER LLC**

Mailing Address 104 W HIGH ST

City State Zip Code  
MILFORD PA 18337-1618

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

Name of Employer Occupation

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  
12 30 / 2015

**Transaction ID : SA11.5693B**

Amount of Each Receipt this Period  
-2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO CONVENTION; PARTNERSHIP ATTRIBUTION REQUEST

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

56954.60

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 20 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

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  
 12 31 2015

**Transaction ID : SA11.5710**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'**

Mailing Address 100 W 3RD AVE  
STE 350

City COLUMBUS State OH Zip Code 43201-7205

FEC ID number of contributing federal political committee. **C** C00489419

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  
 11 19 2015

**Transaction ID : SA11.5660**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN WATER WORKS COMPANY INC FEDERAL PAC AKA AMERICAN WA**

Mailing Address P.O. BOX 1770

City VOORHEES State NJ Zip Code 08043-7770

FEC ID number of contributing federal political committee. **C** C00354548

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  
 12 26 2015

**Transaction ID : SA11.5689**

Amount of Each Receipt this Period  
 500.00

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: PAGE 21 OF 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**AQUA AMERICA H2O PAC**

Mailing Address **762 WEST LANCASTER AVENUE**

City **BRYN MAWR** State **PA** Zip Code **19010-3402**

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

Name of Employer Occupation

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  
**12 / 03 / 2015**

**Transaction ID : SA11.5669**

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

**B.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address **P.O. BOX 961039 SUITE 220**

City **FORT WORTH** State **TX** Zip Code **76161-0039**

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

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  
**12 / 14 / 2015**

**Transaction ID : SA11.5676**

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

**C.** Full Name (Last, First, Middle Initial)  
**BUCHANAN INGERSOLL & ROONEY COMMITTEE FOR EFFECTIVE GOVERNME**

Mailing Address **ONE OXFORD CENTRE 301 GRANT STREET 20TH FLOOR**

City **PITTSBURGH** State **PA** Zip Code **15219-**

FEC ID number of contributing federal political committee. **C C00195388**

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  
**12 / 18 / 2015**

**Transaction ID : SA11.5706**

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

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

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

**4500.00**

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

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

FOR LINE NUMBER: PAGE 22 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION**

Mailing Address 1201 15TH STREET, NW

City State Zip Code  
WASHINGTON DC 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

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  
10 / 01 / 2015

**Transaction ID : SA11.5612**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 1919 SOUTH EADS STREET

City State Zip Code  
ARLINGTON VA 22202-3028

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

Name of Employer Occupation

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  
12 / 04 / 2015

**Transaction ID : SA11.5667**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

Mailing Address 1919 SOUTH EADS STREET

City State Zip Code  
ARLINGTON VA 22202-3028

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

Name of Employer Occupation

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  
12 / 14 / 2015

**Transaction ID : SA11.5679**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

5500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 23 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**COVINGTON AND BURLING LLP PAC**

Mailing Address 1201 PENNSYLVANIA AVENUE, NW

City State Zip Code  
WASHINGTON DC 20004-2401

FEC ID number of contributing federal political committee. **C C00462630**

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  
10 / 26 / 2015

**Transaction ID : SA11.5634**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COZEN O'CONNOR POLITICAL ACTION COMMITTEE**

Mailing Address ONE LIBERTY PLACE  
1650 MARKET STREET

City State Zip Code  
PHILADELPHIA PA 19103-4201

FEC ID number of contributing federal political committee. **C C00312777**

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  
12 / 14 / 2015

**Transaction ID : SA11.5686**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560  
SUITE 560

City State Zip Code  
WASHINGTON DC 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

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  
11 / 06 / 2015

**Transaction ID : SA11.5641**

Amount of Each Receipt this Period  
1000.00  
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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 24 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 1300 I ST NW  
STE 525W

City WASHINGTON State DC Zip Code 20005-3314

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

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  
 11 / 19 / 2015

**Transaction ID : SA11.5661**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOMINION RESOURCES, INC. PAC - DOMINION PAC**

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

City RICHMOND State VA Zip Code 23261-6666

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

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  
 11 / 06 / 2015

**Transaction ID : SA11.5643**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON STREET

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

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  
 11 / 06 / 2015

**Transaction ID : SA11.5645**

Amount of Each Receipt this Period  
 1000.00

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:<br>(check only one)   | PAGE 25 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. PAC**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : SA11.5636**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : SA11.5637**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 76 S MAIN ST

City AKRON State OH Zip Code 44308-1812

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

Name of Employer Occupation

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  
 11 / 19 / 2015

**Transaction ID : SA11.5658**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 26 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC PAC**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900W

City WASHINGTON State DC Zip Code 20004-2400

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11.5627**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900W

City WASHINGTON State DC Zip Code 20004-2400

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2015

**Transaction ID : SA11.5647**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GILEAD SCIENCES INC HEALTHCARE POLICY PAC**

Mailing Address 333 LAKESIDE DRIVE

City FOSTER CITY State CA Zip Code 94404-1147

FEC ID number of contributing federal political committee. **C C00396895**

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  
 12 / 14 / 2015

**Transaction ID : SA11.5675**

Amount of Each Receipt this Period  
 1000.00  
 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: PAGE 27 OF 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 519 C STREET NE

City State Zip Code  
WASHINGTON DC 20002-5809

FEC ID number of contributing federal political committee. **C C00466813**

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  
12 / 14 / 2015

**Transaction ID : SA11.5678**

Amount of Each Receipt this Period  
3000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KELLOGG COMPANY BETTER GOVERNMENT COMMITTEE**

Mailing Address 1 KELLOGG SQ

City State Zip Code  
BATTLE CREEK MI 49017-3534

FEC ID number of contributing federal political committee. **C C00039552**

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  
11 / 19 / 2015

**Transaction ID : SA11.5662**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 3883

City State Zip Code  
PHILADELPHIA PA 19146-0183

FEC ID number of contributing federal political committee. **C C00432096**

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  
12 / 03 / 2015

**Transaction ID : SA11.5670**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

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

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

9000.00

**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 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 1550 CRYSTAL DR  
STE 300

City ARLINGTON State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : SA11.5631**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1550 CRYSTAL DR  
STE 300

City ARLINGTON State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : SA11.5663**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1550 CRYSTAL DR  
STE 300

City ARLINGTON State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : SA11.5687**

Amount of Each Receipt this Period  
 1000.00  
 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

(check only one)

|                                    |                                     |  |                                    |                             |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
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|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|

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

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION CO</b>                                |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 31 / 2015  |  |
| Mailing Address P.O. BOX 75000<br>MC2250  |             | <b>Transaction ID : SA11.5711</b>                             |  |
| City<br>DETROIT   | State<br>MI | Zip Code<br>48275-0001  |  |
| FEC ID number of contributing federal political committee.<br><b>C C00496307</b>  |             | Amount of Each Receipt this Period<br>1000.00<br>CONTRIBUTION |  |
| Name of Employer<br>Occupation  |             | Election Cycle-to-Date<br>1000.00                             |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>1000.00                             |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE</b>  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 18 / 2015  |  |
| Mailing Address 16011 NE 36TH WAY<br>BOX 97017  |             | <b>Transaction ID : SA11.5704</b>                             |  |
| City<br>REDMOND   | State<br>WA | Zip Code<br>98052-6301  |  |
| FEC ID number of contributing federal political committee.<br><b>C C00227546</b>  |             | Amount of Each Receipt this Period<br>1500.00<br>CONTRIBUTION |  |
| Name of Employer<br>Occupation  |             | Election Cycle-to-Date<br>5000.00                             |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>5000.00                             |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE</b>                             |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 06 / 2015  |  |
| Mailing Address 1771 N STREET NW  |             | <b>Transaction ID : SA11.5642</b>                             |  |
| City<br>WASHINGTON  | State<br>DC | Zip Code<br>20036-2800  |  |
| FEC ID number of contributing federal political committee.<br><b>C C00009985</b>  |             | Amount of Each Receipt this Period<br>2000.00<br>CONTRIBUTION |  |
| Name of Employer<br>Occupation  |             | Election Cycle-to-Date<br>4000.00                             |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>4000.00                             |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4500.00 |
| <b>TOTAL</b> 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 30 OF 90                      |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|   |                                     | <input type="checkbox"/> 15                    |                                    |

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

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS PAC**

Mailing Address 430 N. MICHIGAN AVE.

City State Zip Code  
CHICAGO IL 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

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  
11 / 18 / 2015

**Transaction ID : SA11.5652**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SA11.5659**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 1101 KING STREET  
SUITE 600

City State Zip Code  
ALEXANDRIA VA 22314-2965

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

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  
12 / 18 / 2015

**Transaction ID : SA11.5703**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A. NATIONAL COMMUNITY PHARMACISTS ASSOC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 DAINGERFIELD RD  
 City State Zip Code  
 ALEXANDRIA VA 22314-6302  
 FEC ID number of contributing federal political committee. **C C00030809**  
 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  
 11 19 2015  
**Transaction ID : SA11.5657**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. NUCLEAR ENERGY INSTITUTE FEDERAL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 F ST NW  
 SUITE 1100  
 City State Zip Code  
 WASHINGTON DC 20004-1218  
 FEC ID number of contributing federal political committee. **C C00239848**  
 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  
 12 18 2015  
**Transaction ID : SA11.5705**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. POET PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 N LEWIS AVE  
 City State Zip Code  
 SIOUX FALLS SD 57104-7116  
 FEC ID number of contributing federal political committee. **C C00450692**  
 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  
 12 18 2015  
**Transaction ID : SA11.5707**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

8500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 32 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address **2 N 9TH ST**

City **ALLENTOWN** State **PA** Zip Code **18101-1139**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2015**

**Transaction ID : SA11.5649**

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

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

Mailing Address **2 N 9TH ST**

City **ALLENTOWN** State **PA** Zip Code **18101-1139**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 14 / 2015**

**Transaction ID : SA11.5677**

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

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

Mailing Address **3999 WEST CHESTER PIKE**

City **NEWTOWN SQUARE** State **PA** Zip Code **19073-**

FEC ID number of contributing federal political committee. **C C00367375**

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  
**12 / 31 / 2015**

**Transaction ID : SA11.5713**

Amount of Each Receipt this Period  
**1000.00**  
 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:<br>(check only one)   | PAGE 33 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A. SPRINT CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 12502 SUNRISE VALLEY DR

City RESTON State VA Zip Code 20191-3438

FEC ID number of contributing federal political committee. **C** C00089342

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  
 10 / 26 / 2015

**Transaction ID : SA11.5632**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. TEXTRON INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 40 WESTMINSTER ST

City PROVIDENCE State RI Zip Code 02903-2525

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

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  
 11 / 25 / 2015

**Transaction ID : SA11.5666**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 929 LONG BRIDGE DR

City ARLINGTON State VA Zip Code 22202-4208

FEC ID number of contributing federal political committee. **C** C00142711

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  
 11 / 16 / 2015

**Transaction ID : SA11.5654**

Amount of Each Receipt this Period  
 1000.00  
 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 34 OF 90 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 929 LONG BRIDGE DR

City ARLINGTON State VA Zip Code 22202-4208

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

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  
 12 / 28 / 2015

**Transaction ID : SA11.5684**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE WILLIAMS COMPANIES, INC. PAC (WILLCO PAC)**

Mailing Address 1627 I STREET, NW SUITE 900

City WASHINGTON State DC Zip Code 20006-4057

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

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  
 12 / 14 / 2015

**Transaction ID : SA11.5680**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING PAC OF THE AMERICAN TRUCKING ASSOCIATION INC (TRUCK**

Mailing Address 430 FIRST ST SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

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  
 12 / 26 / 2015

**Transaction ID : SA11.5688**

Amount of Each Receipt this Period  
 1000.00  
 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:<br>(check only one)   | PAGE 35 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**UGI CORPORATION PAC (UGI CORP/PAC)**

Mailing Address **PO BOX**

City **READING** State **PA** Zip Code **19612-**

FEC ID number of contributing federal political committee. **C C00139667**

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  
**12 / 26 / 2015**

**Transaction ID : SA11.5690**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address **9900 BREN ROAD EAST**

City **MINNETONKA** State **MN** Zip Code **55343-9664**

FEC ID number of contributing federal political committee. **C C00274431**

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  
**11 / 16 / 2015**

**Transaction ID : SA11.5650**

Amount of Each Receipt this Period  
**1500.00**

CONTRIBUTION

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

Mailing Address **1300 I ST NW  
STE 400 WEST**

City **WASHINGTON** State **DC** Zip Code **20005-3314**

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

Name of Employer Occupation

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  
**10 / 26 / 2015**

**Transaction ID : SA11.5630**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

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

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

**4500.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 36 OF 90 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**WESTINGHOUSE ELECTRIC COMPANY PAC**

Mailing Address 900 19TH STREET, NW  
SUITE 350

City WASHINGTON State DC Zip Code 20006-2125

FEC ID number of contributing federal political committee. **C** C00346361

Name of Employer Occupation

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  
 10 / 26 / 2015

**Transaction ID : SA11.5638**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address C/O ZENECA INC.  
1800 CONCORD PIKE, PO BOX 15437

City WILMINGTON State DE Zip Code 19850-5437

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

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  
 12 / 31 / 2015

**Transaction ID : SA11.5712**

Amount of Each Receipt this Period  
 2500.00

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

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

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

3500.00

71500.00

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 37 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. THOMAS ANTHONY MARINO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 10 / 2015</b>                           |
| Mailing Address <b>358 KINLEY DRIVE</b>  |  | Amount of Each Disbursement this Period<br><b>165.20</b><br>Transaction ID : <b>SB17.I2092</b> |
| City<br><b>COGAN STATION</b>   | State<br><b>PA</b>   |  |
| Zip Code<br><b>17728</b>   | Purpose of Disbursement<br><b>MILEAGE REIMBURSEMENT</b>  | Category/<br>Type  |
| Candidate Name<br><b>THOMAS ANTHONY MARINO</b>   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: <b>PA</b> District: <b>10</b>   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. THOMAS ANTHONY MARINO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 12 / 2015</b>                           |
| Mailing Address <b>358 KINLEY DRIVE</b>  |  | Amount of Each Disbursement this Period<br><b>428.95</b><br>Transaction ID : <b>SB17.I2141</b> |
| City<br><b>COGAN STATION</b>   | State<br><b>PA</b>   |  |
| Zip Code<br><b>17728</b>   | Purpose of Disbursement<br><b>MILEAGE REIMBURSEMENT</b>  | Category/<br>Type  |
| Candidate Name<br><b>THOMAS ANTHONY MARINO</b>   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: <b>PA</b> District: <b>10</b>   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MONROE COUNTY REPUBLICAN COMMITTEE</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 10 / 2015</b>                           |
| Mailing Address <b>112A PARK AVENUE</b>   |  | Amount of Each Disbursement this Period<br><b>250.00</b><br>Transaction ID : <b>SB17.I2090</b> |
| City<br><b>STROUDSBURG</b>  | State<br><b>PA</b>   |  |
| Zip Code<br><b>18360</b>  | Purpose of Disbursement<br><b>LOCAL PARTY COMMITTEE CONTRIBUTION</b>   | Category/<br>Type  |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>844.15</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 38 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIKE COUNTY REPUBLICAN COMMITTEE- NON FEDERAL</b>                        |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 29 / 2015                           |
| Mailing Address P.O. BOX 161  |  |                   | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : SB17.I2208</b> |
| City<br>MILFORD   | State<br>PA  | Zip Code<br>18337 |   |
| Purpose of Disbursement<br>EVENT TICKET   |  | Category/<br>Type |   |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RYAN BARTON</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 29 / 2015                            |
| Mailing Address 1242 PROSPECT RD  |  |                   | Amount of Each Disbursement this Period<br>5230.34<br><b>Transaction ID : SB17.I2196</b> |
| City<br>PITTSBURGH  | State<br>PA  | Zip Code<br>15227 |  |
| Purpose of Disbursement<br>RETAINER, TRAVEL, EXPENSES   |  | Category/<br>Type |  |
| Candidate Name  |  |                   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |
| State: District:  |  |                   |  |

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RYAN BARTON</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2015                            |
| Mailing Address 1242 PROSPECT RD  |  |                   | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : SB17.I2281</b> |
| City<br>PITTSBURGH  | State<br>PA  | Zip Code<br>15227 |  |
| Purpose of Disbursement   |  | Category/<br>Type |  |
| Candidate Name  |  |                   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   | <b>[MEMO ITEM]</b><br>CAMPAIGN CONSULTING  |
| State: District:  |  |                   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5480.34 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 39 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RYAN BARTON</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 15 / 2015</b> |
| Mailing Address <b>1242 PROSPECT RD</b>  |  | Amount of Each Disbursement this Period<br><b>2430.34</b>            |
| City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15227</b>   | Purpose of Disbursement<br><b>MILEAGE REIMBURSEMENT</b>  |  |
| Candidate Name   |  | Transaction ID : <b>SB17.I2282</b>                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   | Category/Type  | <b>[MEMO ITEM]</b>   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RYAN BARTON</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 01 / 2015</b> |
| Mailing Address <b>1242 PROSPECT RD</b>  |  | Amount of Each Disbursement this Period<br><b>150.00</b>             |
| City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15227</b>   | Purpose of Disbursement<br><b>CELL PHONE AND DATA STIPEND</b>  |  |
| Candidate Name   |  | Transaction ID : <b>SB17.I2283</b>                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   | Category/Type  | <b>[MEMO ITEM]</b>   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RYAN BARTON</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 01 / 2015</b> |
| Mailing Address <b>1242 PROSPECT RD</b>  |  | Amount of Each Disbursement this Period<br><b>150.00</b>             |
| City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15227</b>   | Purpose of Disbursement  |  |
| Candidate Name   |  | Transaction ID : <b>SB17.I2284</b>                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   | Category/Type  | <b>[MEMO ITEM]</b><br>CELL PHONE AND DATA STIPEND                    |

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

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 40 OF 90   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RYAN BARTON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 17 / 2015 |
| Mailing Address 1242 PROSPECT RD  |  | Amount of Each Disbursement this Period<br>4989.74            |
| City<br>PITTSBURGH  | State<br>PA  |   |
| Zip Code<br>15227   | Purpose of Disbursement<br>RETAINER, TRAVEL, EXPENSES  | Transaction ID : SB17.I2197                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RYAN BARTON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 15 / 2015 |
| Mailing Address 1242 PROSPECT RD  |  | Amount of Each Disbursement this Period<br>2500.00            |
| City<br>PITTSBURGH  | State<br>PA  |   |
| Zip Code<br>15227   | Purpose of Disbursement<br>CAMPAIGN CONSULTING   | Transaction ID : SB17.I2278                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RYAN BARTON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 15 / 2015 |
| Mailing Address 1242 PROSPECT RD  |  | Amount of Each Disbursement this Period<br>1951.04            |
| City<br>PITTSBURGH  | State<br>PA  |   |
| Zip Code<br>15227   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | Transaction ID : SB17.I2279                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4989.74 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 41 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RYAN BARTON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 01 / 2015</b> |
| Mailing Address <b>1242 PROSPECT RD</b>   |  | Amount of Each Disbursement this Period<br><b>150.00</b>             |
| City <b>PITTSBURGH</b>  | State <b>PA</b>  | Zip Code <b>15227</b>  |
| Purpose of Disbursement<br><b>CELL PHONE AND DATA STIPEND</b>   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: _____  | District: _____  |  |

**Transaction ID : SB17.I2280**  
**[MEMO ITEM]**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RYAN BARTON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 22 / 2015</b> |
| Mailing Address <b>1242 PROSPECT RD</b>   |  | Amount of Each Disbursement this Period<br><b>6660.58</b>            |
| City <b>PITTSBURGH</b>  | State <b>PA</b>  | Zip Code <b>15227</b>  |
| Purpose of Disbursement<br><b>CAMPAIGN CONSULTING, REIMBURSEMENT (ITEMIZED BELOW)</b>                                     |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: _____  | District: _____  |  |

**Transaction ID : SB17.I2198**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RYAN BARTON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 17 / 2015</b> |
| Mailing Address <b>1242 PROSPECT RD</b>   |  | Amount of Each Disbursement this Period<br><b>2500.00</b>            |
| City <b>PITTSBURGH</b>  | State <b>PA</b>  | Zip Code <b>15227</b>  |
| Purpose of Disbursement<br><b>CAMPAIGN CONSULTING</b>   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: _____  | District: _____  |  |

**Transaction ID : SB17.I2260**  
**[MEMO ITEM]**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>6660.58</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 42 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RYAN BARTON</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 17 / 2015 |  |  |
| Mailing Address 1242 PROSPECT RD  |  |                   | Amount of Each Disbursement this Period<br>3439.52            |  |  |
| City<br>PITTSBURGH  | State<br>PA  | Zip Code<br>15227 | Transaction ID : SB17.I2261                                   |  |  |
| Purpose of Disbursement   |  | Category/Type     | [MEMO ITEM]   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RYAN BARTON</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 01 / 2015 |  |  |
| Mailing Address 1242 PROSPECT RD  |  |                   | Amount of Each Disbursement this Period<br>150.00             |  |  |
| City<br>PITTSBURGH  | State<br>PA  | Zip Code<br>15227 | Transaction ID : SB17.I2262                                   |  |  |
| Purpose of Disbursement<br>CELL PHONE AND DATA STIPEND  |  | Category/Type     | [MEMO ITEM]   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RYAN BARTON</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2015 |  |  |
| Mailing Address 1242 PROSPECT RD  |  |                   | Amount of Each Disbursement this Period<br>150.00             |  |  |
| City<br>PITTSBURGH  | State<br>PA  | Zip Code<br>15227 | Transaction ID : SB17.I2263                                   |  |  |
| Purpose of Disbursement<br>CELL PHONE AND DATA STIPEND  |  | Category/Type     | [MEMO ITEM]   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 43 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MIDTOWN GARAGE</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2015 |
| Mailing Address 1425 SANSOM ST  |  |                   | Amount of Each Disbursement this Period<br>37.00              |
| City<br>PHILADELPHIA  | State<br>PA  | Zip Code<br>19102 |   |
| Purpose of Disbursement   | Candidate Name   |                   | Transaction ID : SB17.I2264<br><b>[MEMO ITEM]</b>             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PENNSYLVANIA TURNPIKE COMMISSION</b>                                     |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 17 / 2015 |
| Mailing Address PO BOX 67676  |  |                   | Amount of Each Disbursement this Period<br>65.00              |
| City<br>HARRISBURG  | State<br>PA  | Zip Code<br>17106 |   |
| Purpose of Disbursement<br>TOLLS  | Candidate Name   |                   | Transaction ID : SB17.I2265<br><b>[MEMO ITEM]</b>             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARIA DIESEL</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 31 / 2015 |
| Mailing Address 1533 JOHNS WAY  |  |                   | Amount of Each Disbursement this Period<br>2508.00            |
| City<br>WEST CHESTER  | State<br>PA  | Zip Code<br>19382 |   |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   | Candidate Name   |                   | Transaction ID : SB17.I2179                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type  |                   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2508.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 44 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARIA DIESEL</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 31 / 2015 |  |
| Mailing Address 1533 JOHNYS WAY   |  |                   | Amount of Each Disbursement this Period<br>65.00              |  |
| City<br>WEST CHESTER  | State<br>PA  | Zip Code<br>19382 | Transaction ID : SB17.I2180                                   |  |
| Purpose of Disbursement<br>REIMBURSEMENT (SEE ITEMIZATION MEMO ENTRIES)   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARIA DIESEL</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2016 |  |
| Mailing Address 1533 JOHNYS WAY   |  |                   | Amount of Each Disbursement this Period<br>43.00              |  |
| City<br>WEST CHESTER  | State<br>PA  | Zip Code<br>19382 | Transaction ID : SB17.I2258                                   |  |
| Purpose of Disbursement<br>MILEAGE REIMBURSEMENT  |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MIDTOWN GARAGE</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2015 |  |
| Mailing Address 1425 SANSOM ST  |  |                   | Amount of Each Disbursement this Period<br>22.00              |  |
| City<br>PHILADELPHIA  | State<br>PA  | Zip Code<br>19102 | Transaction ID : SB17.I2259                                   |  |
| Purpose of Disbursement<br>PARKING  |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 45 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. EDIE MARINO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2015 |
| Mailing Address 385 KINLEY DR.  |  | Amount of Each Disbursement this Period<br>178.25             |
| City<br>COGAN STATION   | State<br>PA  |   |
| Zip Code<br>17728   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | Transaction ID : SB17.I2189                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. EDIE MARINO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 17 / 2015 |
| Mailing Address 385 KINLEY DR.  |  | Amount of Each Disbursement this Period<br>75.25              |
| City<br>COGAN STATION   | State<br>PA  |   |
| Zip Code<br>17728   | Purpose of Disbursement<br>REIMBURSEMENT (SEE ITEMIZATION MEMO ENTRY)  | Transaction ID : SB17.I2190                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DAMON'S GRILL CLARK SUMMIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2015 |
| Mailing Address 820 NORTHERN BLVD   |  | Amount of Each Disbursement this Period<br>75.25              |
| City<br>CLARKS SUMMIT   | State<br>PA  |   |
| Zip Code<br>18411   | Purpose of Disbursement<br>FOOD/BEVERAGE   | Transaction ID : SB17.I2271                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 253.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 46 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. EDIE MARINO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 10 / 2015 |
| Mailing Address 385 KINLEY DR.  |  | Amount of Each Disbursement this Period<br>215.20             |
| City<br>COGAN STATION   | State<br>PA  |   |
| Zip Code<br>17728   | Purpose of Disbursement<br>REIMBURSE (SEE ITEMIZATION MEMO ENTRIES)  | Transaction ID : SB17.I2191                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. EDIE MARINO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2016 |
| Mailing Address 385 KINLEY DR.  |  | Amount of Each Disbursement this Period<br>140.00             |
| City<br>COGAN STATION   | State<br>PA  |   |
| Zip Code<br>17728   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | Transaction ID : SB17.I2266                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DELAWARE TURNPIKE</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2015 |
| Mailing Address 39 E REGAL BLVD   |  | Amount of Each Disbursement this Period<br>4.00               |
| City<br>NEWARK  | State<br>DE  |   |
| Zip Code<br>19713   | Purpose of Disbursement<br>TOLLS   | Transaction ID : SB17.I2270                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 215.20 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 47 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

Full Name (Last, First, Middle Initial)  
**A. MARYLAND TRANSPORTATION AUTHORITY**

Mailing Address **2310 BROENING HIGHWAY**

City **BALTIMORE** State **MD** Zip Code **21224**

Purpose of Disbursement  
**TOLLS**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 03 / 2015**

Amount of Each Disbursement this Period  
**12.00**

Transaction ID : **SB17.I2269**

**[MEMO ITEM]**

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

Mailing Address **PO BOX 67676**

City **HARRISBURG** State **PA** Zip Code **17106**

Purpose of Disbursement  
**TOLLS**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 03 / 2015**

Amount of Each Disbursement this Period  
**8.20**

Transaction ID : **SB17.I2268**

**[MEMO ITEM]**

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

Mailing Address **1818 MARKET STREET  
STE 1500**

City **PHILADELPHIA** State **PA** Zip Code **19103**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 03 / 2015**

Amount of Each Disbursement this Period  
**18.00**

Transaction ID : **SB17.I2267**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

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

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

|   |   |               |  |  |
|---|---|---------------|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 48 OF 90 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBERT H. NELSON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2015                           |
| Mailing Address 1829 BAY STREET, SE  |  | Amount of Each Disbursement this Period<br>273.68<br><b>Transaction ID : SB17.I2093</b> |
| City WASHINGTON State DC Zip Code 20003  | Purpose of Disbursement<br>REIMBURSEMENT (SEE ITEMIZATION MEMO ENTRIES)  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT H. NELSON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015   |
| Mailing Address 1829 BAY STREET, SE  |  | Amount of Each Disbursement this Period<br>146.30<br><b>Transaction ID : SB17.I2272</b><br><b>[MEMO ITEM]</b> |
| City WASHINGTON State DC Zip Code 20003  | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERT H. NELSON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 15 / 2015  |
| Mailing Address 1829 BAY STREET, SE  |  | Amount of Each Disbursement this Period<br>61.00<br><b>Transaction ID : SB17.I2277</b><br><b>[MEMO ITEM]</b> |
| City WASHINGTON State DC Zip Code 20003  | Purpose of Disbursement<br>PRINTING  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 273.68 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 49 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 6075 POPLAR AVENUE

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2015

Amount of Each Disbursement this Period: 50.50

Transaction ID : SB17.I2273

[MEMO ITEM]

**B. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 475 L'ENFANT PLAZA SW

City D.C. State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2016

Amount of Each Disbursement this Period: 4.90

Transaction ID : SB17.I2274

[MEMO ITEM]

**C. WENDY'S**

Full Name (Last, First, Middle Initial)

Mailing Address 1 DAVE THOMAS BLVD

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2015

Amount of Each Disbursement this Period: 6.14

Transaction ID : SB17.I2275

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 50 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WENDY'S</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 25 / 2015 |  |
| Mailing Address 1 DAVE THOMAS BLVD  |  |                   | Amount of Each Disbursement this Period<br>4.84               |  |
| City<br>DUBLIN  | State<br>OH  | Zip Code<br>43017 | Transaction ID : SB17.I2276<br><br>[MEMO ITEM]                |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT H. NELSON</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2015 |  |
| Mailing Address 1829 BAY STREET, SE   |  |                   | Amount of Each Disbursement this Period<br>3500.00            |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003 | Transaction ID : SB17.I2094                                   |  |
| Purpose of Disbursement<br>FINANCE CONSULTING   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERT H. NELSON</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2015 |  |
| Mailing Address 1829 BAY STREET, SE   |  |                   | Amount of Each Disbursement this Period<br>3500.00            |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003 | Transaction ID : SB17.I2194                                   |  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 51 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBERT H. NELSON</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2015 |  |
| Mailing Address 1829 BAY STREET, SE   |  |                   | Amount of Each Disbursement this Period<br>3500.00            |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003 | Transaction ID : SB17.I2195                                   |  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MR. MARK B. VALENTE III</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 07 / 2015 |  |
| Mailing Address 7055 LEESTONE STREET  |  |                        | Amount of Each Disbursement this Period<br>304.60             |  |
| City<br>SPRINGFIELD   | State<br>VA  | Zip Code<br>22151-3520 | Transaction ID : SB17.5674                                    |  |
| Purpose of Disbursement<br>IN-KIND CONTRIBUTION   |  | Category/<br>Type      | FOOD/BEVERAGES  |  |
| Candidate Name  |  |                        |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |
| State: District:  |  |                        |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ALTICOR</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 13 / 2015 |  |
| Mailing Address 419 NEW JERSEY AVE SE   |  |                   | Amount of Each Disbursement this Period<br>200.00             |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20003 | Transaction ID : SB17.I2207                                   |  |
| Purpose of Disbursement<br>VENUE EXPENSE  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4004.60 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 52 OF 90                      |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 02 / 2015 |
| Mailing Address P.O. BOX 53600  |  | Amount of Each Disbursement this Period<br>7.38               |
| City<br>PHOENIX   | State<br>AZ  |   |
| Zip Code<br>85072   | Purpose of Disbursement<br>CC PROCESSING   | <b>Transaction ID : SB17.I2098</b>                            |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 05 / 2015 |
| Mailing Address P.O. BOX 53600  |  | Amount of Each Disbursement this Period<br>29.20              |
| City<br>PHOENIX   | State<br>AZ  |   |
| Zip Code<br>85072   | Purpose of Disbursement<br>CC PROCESSING   | <b>Transaction ID : SB17.I2099</b>                            |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 19 / 2015 |
| Mailing Address P.O. BOX 53600  |  | Amount of Each Disbursement this Period<br>14.60              |
| City<br>PHOENIX   | State<br>AZ  |   |
| Zip Code<br>85072   | Purpose of Disbursement<br>CC PROCESSING   | <b>Transaction ID : SB17.I2162</b>                            |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 51.18 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 53 OF 90                      |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 23 / 2015 |
| Mailing Address P.O. BOX 53600  |  | Amount of Each Disbursement this Period<br>75.29              |
| City<br>PHOENIX   | State<br>AZ  |   |
| Zip Code<br>85072   | Purpose of Disbursement<br>CC PROCESSING   | <b>Transaction ID : SB17.I2168</b>                            |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 21 / 2015 |
| Mailing Address P.O. BOX 53600  |  | Amount of Each Disbursement this Period<br>217.05             |
| City<br>PHOENIX   | State<br>AZ  |   |
| Zip Code<br>85072   | Purpose of Disbursement<br>CC PROCESSING   | <b>Transaction ID : SB17.I2171</b>                            |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. BILL.COM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2015 |
| Mailing Address 1810 EMBARCADERO RD   |  | Amount of Each Disbursement this Period<br>0.19               |
| City<br>PALO ALTO   | State<br>CA  |   |
| Zip Code<br>94303   | Purpose of Disbursement<br>VERIFICATION WITDRAWAL  | <b>Transaction ID : SB17.I2163</b>                            |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 292.53 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 54 OF 90 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BRADFORD COUNTY REPUBLICAN COMMITTEE</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 08 / 2015</b>                          |
| Mailing Address <b>918 W LOCKHART ST</b>   |   | Amount of Each Disbursement this Period<br><b>60.00</b><br>Transaction ID : <b>SB17.I2174</b> |
| City<br><b>SAYRE</b>   | State<br><b>PA</b>  |   |
| Zip Code<br><b>18840</b>   | Purpose of Disbursement<br><b>CONTRIBUTION</b>  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CAMELBACK LODGE</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 29 / 2015</b>                            |
| Mailing Address <b>193 RESORT DR.</b>  |   | Amount of Each Disbursement this Period<br><b>1935.62</b><br>Transaction ID : <b>SB17.I2175</b> |
| City<br><b>TANNERSVILLE</b>  | State<br><b>PA</b>  |   |
| Zip Code<br><b>18372</b>   | Purpose of Disbursement<br><b>TRAVEL</b>  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CAPITOL HILL CLUB</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 13 / 2015</b>                           |
| Mailing Address <b>300 FIRST ST SE</b>   |   | Amount of Each Disbursement this Period<br><b>763.69</b><br>Transaction ID : <b>SB17.I2176</b> |
| City<br><b>WASHINGTON</b>  | State<br><b>DC</b>  |  |
| Zip Code<br><b>20003</b>   | Purpose of Disbursement<br><b>FOOD/BEVERAGE</b>   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2759.31</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 55 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. CATCH-ALL SELF STORAGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1304 COMMERCE PARK DR.

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement STORAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2015

Amount of Each Disbursement this Period: 647.96

Transaction ID : SB17.I2177

**B. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2015

Amount of Each Disbursement this Period: 10.25

Transaction ID : SB17.I2164

**C. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2015

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I2165

**SUBTOTAL** of Disbursements This Page (optional) ..... 1458.21

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 56 OF 90 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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

|  |  |  |      |         |     |   |         |    |  |    |  |      |
|--|--|--|------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement   |      |         |     |   |         |    |  |    |  |      |
| A. <b>CMDI</b>   |  | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table> | M M  | /       | D D | / | Y Y Y Y | 11 |  | 05 |  | 2015 |
| M M  | /  | D D  | /    | Y Y Y Y |     |   |         |    |  |    |  |      |
| 11   |  | 05   |      | 2015    |     |   |         |    |  |    |  |      |
| Mailing Address 1593 SPRING HILL RD<br>STE 400   |  | Amount of Each Disbursement this Period  |      |         |     |   |         |    |  |    |  |      |
| City TYSONS CORNER   | State VA Zip Code 22182  |  |      |         |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>CC PROCESSING   | Category/Type  | <table border="1"> <tr> <td>1.95</td> </tr> </table>   | 1.95 |         |     |   |         |    |  |    |  |      |
| 1.95   |  |  |      |         |     |   |         |    |  |    |  |      |
| Candidate Name   | Disbursement For:  | <b>Transaction ID : SB17.I2167</b>   |      |         |     |   |         |    |  |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |      |         |     |   |         |    |  |    |  |      |
| State: District:   |  |  |      |         |     |   |         |    |  |    |  |      |

|  |  |  |        |         |     |   |         |    |  |    |  |      |
|--|--|--|--------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement   |        |         |     |   |         |    |  |    |  |      |
| B. <b>CMDI</b>   |  | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table> | M M    | /       | D D | / | Y Y Y Y | 11 |  | 24 |  | 2015 |
| M M  | /  | D D  | /      | Y Y Y Y |     |   |         |    |  |    |  |      |
| 11   |  | 24   |        | 2015    |     |   |         |    |  |    |  |      |
| Mailing Address 1593 SPRING HILL RD<br>STE 400   |  | Amount of Each Disbursement this Period  |        |         |     |   |         |    |  |    |  |      |
| City TYSONS CORNER   | State VA Zip Code 22182  |  |        |         |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>DATABASE SERVICE  | Category/Type  | <table border="1"> <tr> <td>800.00</td> </tr> </table>   | 800.00 |         |     |   |         |    |  |    |  |      |
| 800.00   |  |  |        |         |     |   |         |    |  |    |  |      |
| Candidate Name   | Disbursement For:  | <b>Transaction ID : SB17.I2169</b>   |        |         |     |   |         |    |  |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |        |         |     |   |         |    |  |    |  |      |
| State: District:   |  |  |        |         |     |   |         |    |  |    |  |      |

|  |  |  |       |         |     |   |         |    |  |    |  |      |
|--|--|--|-------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement   |       |         |     |   |         |    |  |    |  |      |
| C. <b>CMDI</b>   |  | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table> | M M   | /       | D D | / | Y Y Y Y | 11 |  | 27 |  | 2015 |
| M M  | /  | D D  | /     | Y Y Y Y |     |   |         |    |  |    |  |      |
| 11   |  | 27   |       | 2015    |     |   |         |    |  |    |  |      |
| Mailing Address 1593 SPRING HILL RD<br>STE 400   |  | Amount of Each Disbursement this Period  |       |         |     |   |         |    |  |    |  |      |
| City TYSONS CORNER   | State VA Zip Code 22182  |  |       |         |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>CC PROCESSING   | Category/Type  | <table border="1"> <tr> <td>52.25</td> </tr> </table>  | 52.25 |         |     |   |         |    |  |    |  |      |
| 52.25  |  |  |       |         |     |   |         |    |  |    |  |      |
| Candidate Name   | Disbursement For:  | <b>Transaction ID : SB17.I2170</b>   |       |         |     |   |         |    |  |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |       |         |     |   |         |    |  |    |  |      |
| State: District:   |  |  |       |         |     |   |         |    |  |    |  |      |

|   |  |        |
|---|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <table border="1"> <tr> <td>854.20</td> </tr> </table> | 854.20 |
| 854.20  |  |        |
| <b>TOTAL</b> This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table>       |        |
|   |  |        |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 57 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                              |
| <b>A. CMDI</b>   |  | M M / D D / Y Y Y Y<br>12 / 23 / 2015             |
| Mailing Address 1593 SPRING HILL RD<br>STE 400   |  | Amount of Each Disbursement this Period<br>800.00 |
| City TYSONS CORNER   | State VA Zip Code 22182  |   |
| Purpose of Disbursement<br>DATABASE SERVICE  | Category/Type  | <b>Transaction ID : SB17.I2172</b>                |
| 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)  |  | Date of Disbursement                             |
| <b>B. CMDI</b>   |  | M M / D D / Y Y Y Y<br>12 / 24 / 2015            |
| Mailing Address 1593 SPRING HILL RD<br>STE 400   |  | Amount of Each Disbursement this Period<br>75.00 |
| City TYSONS CORNER   | State VA Zip Code 22182  |  |
| Purpose of Disbursement<br>CC PROCESSING   | Category/Type  | <b>Transaction ID : SB17.I2173</b>               |
| 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)  |  | Date of Disbursement                              |
| <b>C. CONGRESSIONAL INSTITUTE</b>  |  | M M / D D / Y Y Y Y<br>12 / 08 / 2015             |
| Mailing Address 1700 DIAGONAL RD STE 730   |  | Amount of Each Disbursement this Period<br>853.00 |
| City ALEXANDRIA  | State VA Zip Code 22314  |   |
| Purpose of Disbursement<br>EVENT TICKET  | Category/Type  | <b>Transaction ID : SB17.I2178</b>                |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1728.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 58 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DISTRICT CITY CONSULTING</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2015 |
| Mailing Address 1217 DELAFIELD PL NW  |  |                   | Amount of Each Disbursement this Period<br>3619.45            |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20011 |   |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING; EXPENSES   |  | Category/<br>Type | <b>Transaction ID : SB17.I2181</b>                            |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: _____  | District: _____  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DISTRICT CITY CONSULTING</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2015 |
| Mailing Address 1217 DELAFIELD PL NW  |  |                   | Amount of Each Disbursement this Period<br>1600.00            |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20011 |   |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type | <b>Transaction ID : SB17.I2182</b>                            |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: _____  | District: _____  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DISTRICT CITY CONSULTING</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 27 / 2015 |
| Mailing Address 1217 DELAFIELD PL NW  |  |                   | Amount of Each Disbursement this Period<br>12493.01           |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20011 |   |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type | <b>Transaction ID : SB17.I2183</b>                            |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: _____  | District: _____  |                   |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 17712.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |          |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 59 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ELECTION CFO LLC</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 24 / 2015 |  |
| Mailing Address P.O. BOX 26141  |  |                   | Amount of Each Disbursement this Period<br>2638.00            |  |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22313 | Transaction ID : SB17.I2184                                   |  |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ELECTION CFO LLC</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 31 / 2015 |  |
| Mailing Address P.O. BOX 26141  |  |                   | Amount of Each Disbursement this Period<br>1301.53            |  |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22313 | Transaction ID : SB17.I2185                                   |  |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LN CONSULTING LLC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2015 |  |
| Mailing Address 121 STATE ST  |  |                   | Amount of Each Disbursement this Period<br>1000.00            |  |
| City<br>HARRISBURG  | State<br>PA  | Zip Code<br>17101 | Transaction ID : SB17.I2188                                   |  |
| Purpose of Disbursement<br>CAMPAING CONSULTING  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4939.53 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 60 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

Full Name (Last, First, Middle Initial)  
**A. LONG NYQUIST CONSULTING**

Mailing Address 121 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I2096

Full Name (Last, First, Middle Initial)  
**B. LYCOMING COUNTY FARM BUREAU**

Mailing Address 510 SOUTH 31ST STREET

City CAMP HILL State PA Zip Code 17001

Purpose of Disbursement DUES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2015

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.I2086

Full Name (Last, First, Middle Initial)  
**C. MIFFLIN COUNTY REPUBLICAN COMMITTEE**

Mailing Address P.O. BOX 961

City LEWISTOWN State PA Zip Code 17044

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2015

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.I2192

**SUBTOTAL** of Disbursements This Page (optional) ..... 1225.00

**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:<br>(check only one)  | PAGE 61 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NORTHERN TIER PAC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2015                            |
| Mailing Address 1776 LICK RUN RD   |  | Amount of Each Disbursement this Period<br>3500.00<br><b>Transaction ID : SB17.I2193</b> |
| City GAINES State PA Zip Code 16921  | Purpose of Disbursement CONTRIBUTION   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PENNSYLVANIA SOCIETY</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2015                           |
| Mailing Address 808 BETHLEHEM PIKE SUITE 1   |  | Amount of Each Disbursement this Period<br>800.00<br><b>Transaction ID : SB17.I2142</b> |
| City ERDENHEIM State PA Zip Code 19038   | Purpose of Disbursement DUES   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. REPUBLICAN PARTY OF LAKAWANNA COUNTY</b>                        |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 13 / 2015                          |
| Mailing Address 400 SPRUCE ST STE 400  |  | Amount of Each Disbursement this Period<br>40.00<br><b>Transaction ID : SB17.I2140</b> |
| City SCRANTON State PA Zip Code 18503  | Purpose of Disbursement EVENT TICKET   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4340.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 62 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SCR &amp; ASSOCIATES LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 08 / 2015</b> |
| Mailing Address <b>100 TRADE CENTER STE G-700</b>   |  | Amount of Each Disbursement this Period<br><b>2500.00</b>            |
| City<br><b>WOBURN</b>   | State<br><b>MA</b>   |  |
| Zip Code<br><b>01801</b>  | Purpose of Disbursement<br><b>FUNDRAISING CONSULTING</b>   | <b>Transaction ID : SB17.I2199</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SEARS MASTER CARD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 05 / 2015</b> |
| Mailing Address <b>P.O. BOX 183082</b>  |  | Amount of Each Disbursement this Period<br><b>1257.15</b>            |
| City<br><b>COLUMBUS</b>   | State<br><b>OH</b>   |  |
| Zip Code<br><b>43218</b>  | Purpose of Disbursement<br><b>CREDIT CARD PAYMENT</b>  | <b>Transaction ID : SB17.I2100</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FUEL ON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 27 / 2015</b> |
| Mailing Address <b>415 N DERR DR.</b>   |  | Amount of Each Disbursement this Period<br><b>27.60</b>              |
| City<br><b>LEWISBURG</b>  | State<br><b>PA</b>   |  |
| Zip Code<br><b>17837</b>  | Purpose of Disbursement<br><b>GAS</b>  | <b>Transaction ID : SB17.I2257</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3757.15</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 63 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

**A. GLIDER RESTAURANT**

Full Name (Last, First, Middle Initial)  
Mailing Address 890 PROVIDENCE RD

City SCRANTON State PA Zip Code 18509

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 10 / 2015

Amount of Each Disbursement this Period: 21.60

Transaction ID : SB17.I2238

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**B. GO DADDY**

Full Name (Last, First, Middle Initial)  
Mailing Address 14455 NORTH HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2015

Amount of Each Disbursement this Period: 136.53

Transaction ID : SB17.I2249

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**C. HAMPTON INN**

Full Name (Last, First, Middle Initial)  
Mailing Address 7390 JONES BRANCH DR. STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2015

Amount of Each Disbursement this Period: 102.99

Transaction ID : SB17.I2250

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 64 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. HARRISBURG PARKING**

Full Name (Last, First, Middle Initial)  
Mailing Address 123 WALNUT ST STE 317

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 25 / 2015

Amount of Each Disbursement this Period: 9.00

Transaction ID : SB17.I2252

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**B. HERSHEY COUNTRY CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 1000 E DERRY RD

City HERSHEY State PA Zip Code 17033

Purpose of Disbursement FUNDRAISING EVENT EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 26 / 2015

Amount of Each Disbursement this Period: 320.00

Transaction ID : SB17.I2255

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**C. HONEY BAKED HAM**

Full Name (Last, First, Middle Initial)  
Mailing Address 709 SCRANTON CARBONDALE HWY

City SCRANTON State PA Zip Code 18508

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2015

Amount of Each Disbursement this Period: 18.60

Transaction ID : SB17.I2247

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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



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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 65 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. KWIK FILL**

Full Name (Last, First, Middle Initial)

Mailing Address 2601 LYCOMING CREEK ROAD

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 20 / 2015

Amount of Each Disbursement this Period: 26.55

Transaction ID : SB17.I2245

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**B. SAM'S CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 611 LYCOMING MALL CIRCLE

City MUNCY State PA Zip Code 17756

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 20 / 2015

Amount of Each Disbursement this Period: 52.00

Transaction ID : SB17.I2246

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**C. SHERATON**

Full Name (Last, First, Middle Initial)

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2015

Amount of Each Disbursement this Period: 132.09

Transaction ID : SB17.I2244

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 66 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

Full Name (Last, First, Middle Initial)

**A. SUBWAY**

Mailing Address 1733 E. THIRD STREET

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 25 / 2015

Amount of Each Disbursement this Period: 10.76

Transaction ID : SB17.I2251

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

Full Name (Last, First, Middle Initial)

**B. SUNOCO SERVICE STATION**

Mailing Address 1300 WASHINGTON BLVD

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 10 / 2015

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17.I2239

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

Full Name (Last, First, Middle Initial)

**C. SUNOCO SERVICE STATION**

Mailing Address 1300 WASHINGTON BLVD

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 10 / 2015

Amount of Each Disbursement this Period: 30.13

Transaction ID : SB17.I2240

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 67 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SUNOCO SERVICE STATION</b>                             |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 25 / 2015 |  |  |
| Mailing Address 1300 WASHINGTON BLVD  |   |   | Amount of Each Disbursement this Period<br>37.26              |  |  |
| City<br>WILLIAMSPORT  | State<br>PA   | Zip Code<br>17701                         | Transaction ID : SB17.I2253                                   |  |  |
| Purpose of Disbursement<br>GAS  |   | Category/<br>Type                         |   |  |  |
| Candidate Name  |   | [MEMO ITEM]<br>SEARS MASTER CARD, 10/5/15 |   |  |  |
| Office Sought:  | Disbursement For:   |   |   |  |  |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |  |  |
| State:  | District:   |   |   |  |  |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SUNOCO SERVICE STATION</b>                             |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 25 / 2015 |  |  |
| Mailing Address 1300 WASHINGTON BLVD  |   |   | Amount of Each Disbursement this Period<br>33.44              |  |  |
| City<br>WILLIAMSPORT  | State<br>PA   | Zip Code<br>17701                         | Transaction ID : SB17.I2254                                   |  |  |
| Purpose of Disbursement<br>GAS  |   | Category/<br>Type                         |   |  |  |
| Candidate Name  |   | [MEMO ITEM]<br>SEARS MASTER CARD, 10/5/15 |   |  |  |
| Office Sought:  | Disbursement For:   |   |   |  |  |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |  |  |
| State:  | District:   |   |   |  |  |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SUNOCO SERVICE STATION</b>                             |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 26 / 2015 |  |  |
| Mailing Address 1300 WASHINGTON BLVD  |   |   | Amount of Each Disbursement this Period<br>36.45              |  |  |
| City<br>WILLIAMSPORT  | State<br>PA   | Zip Code<br>17701                         | Transaction ID : SB17.I2256                                   |  |  |
| Purpose of Disbursement<br>GAS  |   | Category/<br>Type                         |   |  |  |
| Candidate Name  |   | [MEMO ITEM]<br>SEARS MASTER CARD, 10/5/15 |   |  |  |
| Office Sought:  | Disbursement For:   |   |   |  |  |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |  |  |
| State:  | District:   |   |   |  |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 68 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

**A. TORTILLA COAST**

Full Name (Last, First, Middle Initial)  
Mailing Address 400 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2015

Amount of Each Disbursement this Period: 14.74

Transaction ID : SB17.I2243

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**B. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 475 L'ENFANT PLAZA SW

City D.C. State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 14 / 2015

Amount of Each Disbursement this Period: 53.34

Transaction ID : SB17.I2241

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 475 L'ENFANT PLAZA SW

City D.C. State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2015

Amount of Each Disbursement this Period: 3.94

Transaction ID : SB17.I2242

**[MEMO ITEM]**  
SEARS MASTER CARD, 10/5/15

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 69 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WEIS MARKETS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2015 |
| Mailing Address 1916 LYCOMING CREEK ROAD  |  | Amount of Each Disbursement this Period<br>155.13             |
| City<br>WILLIAMSPORT  | State<br>PA  |   |
| Zip Code<br>17701   | Purpose of Disbursement<br>FOOD/BEVERAGE   | Transaction ID : SB17.I2248                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>SEARS MASTER CARD, 10/5/15                     |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SEARS MASTER CARD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 14 / 2015 |
| Mailing Address P.O. BOX 183082   |  | Amount of Each Disbursement this Period<br>1533.77            |
| City<br>COLUMBUS  | State<br>OH  |   |
| Zip Code<br>43218   | Purpose of Disbursement<br>CREDIT CARD BILL  | Transaction ID : SB17.I2151                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. 76 GAS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 09 / 2015 |
| Mailing Address P.O. BOX 7200   |  | Amount of Each Disbursement this Period<br>25.00              |
| City<br>BARTLESVILLE  | State<br>OK  |   |
| Zip Code<br>74005   | Purpose of Disbursement<br>GAS   | Transaction ID : SB17.I2226                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1533.77 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 70 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DOLLAR TREE STORE</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2015 |
| Mailing Address 1050 WYOMING AVENUE  |                         | Amount of Each Disbursement this Period<br>19.08              |
| City WYOMING   | State PA Zip Code 18644 |   |
| Purpose of Disbursement<br>OFFICE SUPPLIES   | Candidate Name          | Transaction ID : SB17.I2227                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GO DADDY</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2015 |
| Mailing Address 14455 NORTH HAYDEN ROAD  |                         | Amount of Each Disbursement this Period<br>83.88              |
| City SCOTTSDALE  | State AZ Zip Code 85260 |   |
| Purpose of Disbursement<br>WEBSITE EXPENSE   | Candidate Name          | Transaction ID : SB17.I2236                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. HOTEL BELVIDERE</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2015 |
| Mailing Address 330 MAIN AVE   |                         | Amount of Each Disbursement this Period<br>1170.30            |
| City HAWLEY  | State PA Zip Code 18428 |   |
| Purpose of Disbursement<br>TRAVEL  | Candidate Name          | Transaction ID : SB17.I2232                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 71 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL'S</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 10 / 2015</b> |
| Mailing Address <b>270 S. LYCOMING MALL ROAD</b>  |  | Amount of Each Disbursement this Period<br><b>55.91</b>              |
| City<br><b>MUNCY</b>  | State<br><b>PA</b>   |  |
| Zip Code<br><b>17756</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</b>  | <b>Transaction ID : SB17.I2228</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br><b>SEARS MASTER CARD, 10/14/15</b>             |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SHEETZ</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 11 / 2015</b> |
| Mailing Address <b>330 WESTMINSTER DRIVE</b>  |  | Amount of Each Disbursement this Period<br><b>44.58</b>              |
| City<br><b>WILLIAMSPORT</b>   | State<br><b>PA</b>   |  |
| Zip Code<br><b>17701</b>  | Purpose of Disbursement<br><b>GAS</b>  | <b>Transaction ID : SB17.I2230</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br><b>SEARS MASTER CARD, 10/14/15</b>             |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. STAPLES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 05 / 2015</b> |
| Mailing Address <b>1915 E. THIRD STREET</b>   |  | Amount of Each Disbursement this Period<br><b>17.48</b>              |
| City<br><b>WILLIAMSPORT</b>   | State<br><b>PA</b>   |  |
| Zip Code<br><b>17701</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</b>  | <b>Transaction ID : SB17.I2235</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br><b>SEARS MASTER CARD, 10/14/15</b>             |
| State: District:  |  |  |

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 72 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SUNOCO SERVICE STATION</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2015 |
| Mailing Address 1300 WASHINGTON BLVD  |  |                   | Amount of Each Disbursement this Period<br>27.80              |
| City<br>WILLIAMSPORT  | State<br>PA  | Zip Code<br>17701 |   |
| Purpose of Disbursement<br>GAS  | Candidate Name   |                   | Transaction ID : SB17.I2229                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type  |                   | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. TURKEY HILL</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 14 / 2015 |
| Mailing Address 357 PIERCE STREET   |  |                   | Amount of Each Disbursement this Period<br>29.41              |
| City<br>KINGSTON  | State<br>PA  | Zip Code<br>18704 |   |
| Purpose of Disbursement<br>GAS  | Candidate Name   |                   | Transaction ID : SB17.I2231                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type  |                   | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. TURKEY HILL</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 07 / 2015 |
| Mailing Address 357 PIERCE STREET   |  |                   | Amount of Each Disbursement this Period<br>38.00              |
| City<br>KINGSTON  | State<br>PA  | Zip Code<br>18704 |   |
| Purpose of Disbursement<br>GAS  | Candidate Name   |                   | Transaction ID : SB17.I2237                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type  |                   | [MEMO ITEM]<br>SEARS MASTER CARD, 10/14/15                    |

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



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 73 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                              |
| <b>A. USPS</b>  |  | M M / D D / Y Y Y Y<br>10 / 05 / 2015             |
| Mailing Address 475 L'ENFANT PLAZA SW   |  | Amount of Each Disbursement this Period           |
| City D.C.   | State DC   | Zip Code 20260                                    |
| Purpose of Disbursement<br>POSTAGE  | Category/Type  | 1.64  |
| Candidate Name  | <b>Transaction ID : SB17.I2233</b>   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>SEARS MASTER CARD, 10/14/15 |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                              |
| <b>B. USPS</b>  |  | M M / D D / Y Y Y Y<br>10 / 05 / 2015             |
| Mailing Address 475 L'ENFANT PLAZA SW   |  | Amount of Each Disbursement this Period           |
| City D.C.   | State DC   | Zip Code 20260                                    |
| Purpose of Disbursement<br>POSTAGE  | Category/Type  | 19.99   |
| Candidate Name  | <b>Transaction ID : SB17.I2234</b>   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>SEARS MASTER CARD, 10/14/15 |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                    |
| <b>C. SEARS MASTER CARD</b>   |  | M M / D D / Y Y Y Y<br>11 / 04 / 2015   |
| Mailing Address P.O. BOX 183082   |  | Amount of Each Disbursement this Period |
| City COLUMBUS   | State OH   | Zip Code 43218                          |
| Purpose of Disbursement<br>CREDIT CARD BILL   | Category/Type  | 1196.21                                 |
| Candidate Name  | <b>Transaction ID : SB17.I2152</b>   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1196.21 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 74 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. EXXON MOBIL WILLIAMSPORT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1005 HEILMAN ROAD

City State Zip Code  
MONTOURSVILLE PA 17754

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 20 / 2015

Amount of Each Disbursement this Period  
30.50

Transaction ID : SB17.I2216

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**B. GLIDER RESTAURANT**

Full Name (Last, First, Middle Initial)  
Mailing Address 890 PROVIDENCE RD

City State Zip Code  
SCRANTON PA 18509

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 15 / 2015

Amount of Each Disbursement this Period  
26.78

Transaction ID : SB17.I2210

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**C. GRETCHEN'S GROTTTO**

Full Name (Last, First, Middle Initial)  
Mailing Address 652 PARK ST

City State Zip Code  
HONESDALE PA 18431

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 30 / 2015

Amount of Each Disbursement this Period  
43.51

Transaction ID : SB17.I2223

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 75 OF 90 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. HOUSE OF REPRESENTATIVES GIFT SHOP**

Full Name (Last, First, Middle Initial)  
Mailing Address B218 LONGWORTH BLDG

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement DONOR RECOGNITION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 26 / 2015

Amount of Each Disbursement this Period: 166.70

Transaction ID : SB17.I2219

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**B. LA TONELTECA**

Full Name (Last, First, Middle Initial)  
Mailing Address 46 VIEWMONT DR.

City DICKSON CITY State PA Zip Code 18519

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2015

Amount of Each Disbursement this Period: 90.94

Transaction ID : SB17.I2212

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**C. MARRIOTT**

Full Name (Last, First, Middle Initial)  
Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 19 / 2015

Amount of Each Disbursement this Period: 193.51

Transaction ID : SB17.I2215

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 76 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARRIOTT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 30 / 2015</b> |
| Mailing Address <b>10400 FERNWOOD RD</b>  |  | Amount of Each Disbursement this Period<br><b>146.01</b>             |
| City <b>BETHESDA</b>  | State <b>MD</b>  | Zip Code <b>20817</b>  |
| Purpose of Disbursement<br><b>TRAVEL</b>  | Category/Type  |  |
| Candidate Name  | Transaction ID : <b>SB17.I2224</b>   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>SEARS MASTER CARD, 11/4/15                     |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL'S</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 25 / 2015</b> |
| Mailing Address <b>270 S. LYCOMING MALL ROAD</b>  |  | Amount of Each Disbursement this Period<br><b>33.01</b>              |
| City <b>MUNCY</b>   | State <b>PA</b>  | Zip Code <b>17756</b>  |
| Purpose of Disbursement<br><b>OFFICE SUPPLIES</b>   | Category/Type  |  |
| Candidate Name  | Transaction ID : <b>SB17.I2217</b>   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>SEARS MASTER CARD, 11/4/15                     |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RAMADA PLAZA HOTEL</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 15 / 2015</b> |
| Mailing Address <b>920 NORTHERN BLVD</b>  |  | Amount of Each Disbursement this Period<br><b>109.95</b>             |
| City <b>S. ABINGTON TOWNSH</b>  | State <b>PA</b>  | Zip Code <b>18411</b>  |
| Purpose of Disbursement<br><b>TRAVEL</b>  | Category/Type  |  |
| Candidate Name  | Transaction ID : <b>SB17.I2211</b>   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>SEARS MASTER CARD, 11/4/15                     |
| State: District:  |  |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 77 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

**A. RAMADA PLAZA HOTEL**

Full Name (Last, First, Middle Initial)  
Mailing Address 920 NORTHERN BLVD

City S. ABINGTON TOWNSH State PA Zip Code 18411

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2015

Amount of Each Disbursement this Period: 109.95

Transaction ID : SB17.I2225

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**B. SAM'S CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 611 LYCOMING MALL CIRCLE

City MUNCY State PA Zip Code 17756

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2015

Amount of Each Disbursement this Period: 30.33

Transaction ID : SB17.I2213

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**C. SHEETZ**

Full Name (Last, First, Middle Initial)  
Mailing Address 330 WESTMINSTER DRIVE

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 27 / 2015

Amount of Each Disbursement this Period: 34.01

Transaction ID : SB17.I2220

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 78 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SHEETZ</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 27 / 2015 |
| Mailing Address 330 WESTMINSTER DRIVE   |  | Amount of Each Disbursement this Period<br>12.18              |
| City<br>WILLIAMSPORT  | State<br>PA  |   |
| Zip Code<br>17701   | Purpose of Disbursement<br>GAS   | Transaction ID : SB17.I2221                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>SEARS MASTER CARD, 11/4/15                     |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SHEETZ</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 28 / 2015 |
| Mailing Address 330 WESTMINSTER DRIVE   |  | Amount of Each Disbursement this Period<br>55.22              |
| City<br>WILLIAMSPORT  | State<br>PA  |   |
| Zip Code<br>17701   | Purpose of Disbursement<br>GAS   | Transaction ID : SB17.I2222                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>SEARS MASTER CARD, 11/4/15                     |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SUNOCO SERVICE STATION</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 25 / 2015 |
| Mailing Address 1300 WASHINGTON BLVD  |  | Amount of Each Disbursement this Period<br>35.25              |
| City<br>WILLIAMSPORT  | State<br>PA  |   |
| Zip Code<br>17701   | Purpose of Disbursement<br>GAS   | Transaction ID : SB17.I2218                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>SEARS MASTER CARD, 11/4/15                     |
| State: District:  |  |   |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 79 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

**A. TURKEY HILL**

Full Name (Last, First, Middle Initial)  
Mailing Address **357 PIERCE STREET**

City **KINGSTON** State **PA** Zip Code **18704**

Purpose of Disbursement  
**GAS**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**10 / 14 / 2015**

Amount of Each Disbursement this Period  
**29.41**

Transaction ID : **SB17.I2209**

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**B. WEAVER'S SUNSET**

Full Name (Last, First, Middle Initial)  
Mailing Address **249 GRAYLYN CREST DRIVE**

City **NEW COLUMBIA** State **PA** Zip Code **17856**

Purpose of Disbursement  
**FOOD/BEVERAGE**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**10 / 17 / 2015**

Amount of Each Disbursement this Period  
**48.95**

Transaction ID : **SB17.I2214**

**[MEMO ITEM]**  
SEARS MASTER CARD, 11/4/15

**C. SEARS MASTER CARD**

Full Name (Last, First, Middle Initial)  
Mailing Address **P.O. BOX 183082**

City **COLUMBUS** State **OH** Zip Code **43218**

Purpose of Disbursement  
**CREDIT CARD BILL**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 02 / 2015**

Amount of Each Disbursement this Period  
**922.60**

Transaction ID : **SB17.I2153**

**SUBTOTAL** of Disbursements This Page (optional)..... **922.60**

**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:<br>(check only one)          | PAGE 80 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMTRAK</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2015 |
| Mailing Address 50 MASSACHUSETTS AVENUE NE  |  | Amount of Each Disbursement this Period<br>322.00             |
| City<br>WASHINGTON  | State<br>DC  |   |
| Zip Code<br>20002   | Purpose of Disbursement<br>TRAVEL  | Transaction ID : SB17.I2160<br><b>[MEMO ITEM]</b>             |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DAMON'S GRILL CLARK SUMMIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2015 |
| Mailing Address 820 NORTHERN BLVD   |  | Amount of Each Disbursement this Period<br>54.17              |
| City<br>CLARKS SUMMIT   | State<br>PA  |   |
| Zip Code<br>18411   | Purpose of Disbursement<br>FOOD/BEVERAGE   | Transaction ID : SB17.I2155<br><b>[MEMO ITEM]</b>             |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DUTCH'S DAUGHTER INN</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2015 |
| Mailing Address 581 HIMES AVE   |  | Amount of Each Disbursement this Period<br>141.04             |
| City<br>FREDERICK   | State<br>MD  |   |
| Zip Code<br>21703   | Purpose of Disbursement<br>TRAVEL  | Transaction ID : SB17.I2154<br><b>[MEMO ITEM]</b>             |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 81 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PETE &amp; REENEIS</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2015 |  |
| Mailing Address 463 N MAIN STREET   |  |                   | Amount of Each Disbursement this Period<br>33.85              |  |
| City<br>EYNON   | State<br>PA  | Zip Code<br>18403 | Transaction ID : SB17.I2156                                   |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RAMADA PLAZA HOTEL</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 11 / 2015 |  |
| Mailing Address 920 NORTHERN BLVD   |  |                   | Amount of Each Disbursement this Period<br>217.90             |  |
| City<br>S. ABINGTON TOWNSH  | State<br>PA  | Zip Code<br>18411 | Transaction ID : SB17.I2159                                   |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SUNOCO</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2015 |  |
| Mailing Address 1818 MARKET STREET<br>STE 1500  |  |                   | Amount of Each Disbursement this Period<br>40.21              |  |
| City<br>PHILADELPHIA  | State<br>PA  | Zip Code<br>19103 | Transaction ID : SB17.I2158                                   |  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type | [MEMO ITEM]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 82 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SUNOCO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 20 / 2015 |
| Mailing Address 1818 MARKET STREET<br>STE 1500   |  | Amount of Each Disbursement this Period<br>30.67              |
| City PHILADELPHIA  | State PA Zip Code 19103  |   |
| Purpose of Disbursement<br>TRAVEL  | Category/Type  | Transaction ID : SB17.I2161<br><br>[MEMO ITEM]                |
| 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)<br><b>B. THE CROSSROADS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2015 |
| Mailing Address 296 BELMONT TURNPIKE   |  | Amount of Each Disbursement this Period<br>82.76              |
| City WAYMART   | State PA Zip Code 18472  |   |
| Purpose of Disbursement<br>FOOD/BEVERAGE   | Category/Type  | Transaction ID : SB17.I2157<br><br>[MEMO ITEM]                |
| 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)<br><b>C. SUSQUEHANNA COUNTY REPUBLICAN COMMITTEE</b>                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2015 |
| Mailing Address P.O. BOX 373   |  | Amount of Each Disbursement this Period<br>250.00             |
| City NEW MILFORD   | State PA Zip Code 18834  |   |
| Purpose of Disbursement<br>CONTRIBUTION  | Category/Type  | Transaction ID : SB17.I2201                                   |
| 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:   |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 83 OF 90 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SUSQUEHANNA COUNTY REPUBLICAN COMMITTEE</b>                                       |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2015                          |
| Mailing Address P.O. BOX 373   |   | Amount of Each Disbursement this Period<br>40.00<br><b>Transaction ID : SB17.I2202</b> |
| City<br>NEW MILFORD  | State<br>PA   |  |
| Zip Code<br>18834  | Purpose of Disbursement<br>CONTRIBUTION   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UNION LEAGUE OF PHILADELPHIA</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 31 / 2015                            |
| Mailing Address 140 S BROAD ST   |   | Amount of Each Disbursement this Period<br>1839.58<br><b>Transaction ID : SB17.I2203</b> |
| City<br>PHILADELPHIA   | State<br>PA   |  |
| Zip Code<br>19102  | Purpose of Disbursement<br>CATERING   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VERIZON</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2015                           |
| Mailing Address P.O. BOX 25505   |   | Amount of Each Disbursement this Period<br>141.02<br><b>Transaction ID : SB17.I2204</b> |
| City<br>LEHIGH VALLEY  | State<br>PA   |   |
| Zip Code<br>18002  | Purpose of Disbursement<br>PHONE  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2020.60 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 84 OF 90                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. VERIZON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 17 / 2015</b> |
| Mailing Address <b>P.O. BOX 25505</b>   |  | Amount of Each Disbursement this Period<br><b>140.96</b>             |
| City<br><b>LEHIGH VALLEY</b>  | State<br><b>PA</b>   |  |
| Zip Code<br><b>18002</b>  | Purpose of Disbursement<br><b>PHONE</b>  | <b>Transaction ID : SB17.I2205</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. VERIZON</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 22 / 2015</b> |
| Mailing Address <b>P.O. BOX 25505</b>   |  | Amount of Each Disbursement this Period<br><b>145.21</b>             |
| City<br><b>LEHIGH VALLEY</b>  | State<br><b>PA</b>   |  |
| Zip Code<br><b>18002</b>  | Purpose of Disbursement<br><b>PHONE</b>  | <b>Transaction ID : SB17.I2206</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WIDGET MAKR/MERCHANT SERVICES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 01 / 2015</b> |
| Mailing Address <b>7704 LEESBURG PIKE</b>   |  | Amount of Each Disbursement this Period<br><b>64.75</b>              |
| City<br><b>FALLS CHURCH</b>   | State<br><b>VA</b>   |  |
| Zip Code<br><b>22043</b>  | Purpose of Disbursement<br><b>CC PROCESSING</b>  | <b>Transaction ID : SB17.I2097</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>350.92</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 85 OF 90 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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

Full Name (Last, First, Middle Initial)  
**A. WIDGET MAKR/MERCHANT SERVICES**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 06 / 2015

Amount of Each Disbursement this Period: 25.43

Transaction ID : SB17.I2101

Full Name (Last, First, Middle Initial)  
**B. WIDGET MAKR/MERCHANT SERVICES**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2015

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17.I2102

Full Name (Last, First, Middle Initial)  
**C. WILLIAMSPORT LYCOMING CO COUNCIL OF REP WOMEN**

Mailing Address C/O PATTY COHICK  
29 LEHMAN DR

City COGAN STATION State PA Zip Code 17738

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I2089

**SUBTOTAL** of Disbursements This Page (optional)..... 310.43

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 86 OF 90                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

**A. WILLIAMSPORT LYCOMING CO COUNCIL OF REP WOMEN**

Full Name (Last, First, Middle Initial)  
Mailing Address C/O PATTY COHICK  
29 LEHMAN DR

City COGAN STATION State PA Zip Code 17738

Purpose of Disbursement  
EVENT FEE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 10 / 2015

Amount of Each Disbursement this Period  
15.00

Transaction ID : SB17.I2095

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... 15.00

**TOTAL** This Period (last page this line number only)..... 78011.89

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

|   |  |               |  |  |  |
|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 87 OF 90 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |               |  |  |  |

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

|  |   |   |  |  |
|--|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. HOWARD ROTHENBERG</b> |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 11 / 2015</b> |  |
| Mailing Address <b>102 STURBRIDGE RD</b>                               |   |   | Amount of Each Disbursement this Period<br><b>1421.25</b>            |  |
| City<br><b>CLARKS SUMMIT</b>   | State<br><b>PA</b>  | Zip Code<br><b>18411</b>  | Transaction ID : <b>SB20A.I2139</b>                                  |  |
| Purpose of Disbursement<br><b>REFUND</b>                               |   | Category/<br>Type   |  |  |
| Candidate Name   |   |   | EXCESSIVE IN-KIND CONTRIBUTION, 8/13/15                              |  |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |  |  |
| State:   | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |

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

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

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1421.25</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>1421.25</b> |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 88 OF 90 |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CITIZENS UNITED FOR SHOCH SCHICATANO</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2015                            |
| Mailing Address 102 FAIRMOUNT AVE  |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB21.I2087</b> |
| City<br>SUNBURY  | State<br>PA   |  |
| Zip Code<br>17801  | Purpose of Disbursement<br>STATE CANDIDATE CONTRIBUTION   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FRIENDS OF BILL JONES</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2015                           |
| Mailing Address 639 JEFFERSON ST   |   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : SB21.I2186</b> |
| City<br>SCRANTON   | State<br>PA   |   |
| Zip Code<br>18510  | Purpose of Disbursement<br>CONTRIBUTION   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. LISA NANCOLLAS FOR COUNTY COMMISSIONER</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2015                           |
| Mailing Address 108 SCHOOL ST  |   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : SB21.I2187</b> |
| City<br>BURNHAM  | State<br>PA   |   |
| Zip Code<br>17009  | Purpose of Disbursement<br>CONTRIBUTION   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 89 OF 90                       |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVE DUNKLE FOR COUNTY COMMISSIONER</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 21 / 2015</b> |
| Mailing Address 1100 STATE RTE 655  |  | Amount of Each Disbursement this Period<br><b>500.00</b>             |
| City<br><b>BELLEVILLE</b>   | State<br><b>PA</b>   |  |
| Zip Code<br><b>17004</b>  | Purpose of Disbursement<br><b>CONTRIBUTION</b>   | <b>Transaction ID : SB21.I2200</b>                                   |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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

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

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>500.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>2500.00</b> |

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Camleback Lodge</b> | Nature of Debt (Purpose):<br><b>TRAVEL</b> |
| Mailing Address 193 Resort Dr  |  |
| City State Zip Code<br>Tannersville PA 19372   |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="1935.62"/> | <b>Transaction ID : SD10.529</b>                         |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1935.62"/> |

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

|   |   |  |
|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |  |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/>                         |  |

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

|   |   |  |
|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |  |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/>                         |  |

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | <input type="text" value="1935.62"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | <input type="text" value="1935.62"/> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | <input type="text" value="0.00"/>    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="1935.62"/> |