

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

Collins for Congress

ADDRESS (number and street)

PO Box 386

Check if different than previously reported. (ACC)

Clarence

NY

14031-0386

2. FEC IDENTIFICATION NUMBER ▼

C C00520379

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

27

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Jocelyn Jakubus

Signature of Treasurer Jocelyn Jakubus

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Collins for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19490	25200
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19490	25200
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15575.97	28166.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	4634.2	4634.2
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10941.77	23532.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	610793.8	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500000	

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

Collins for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6490	6490
(ii) Unitemized.....	0	210
(iii) TOTAL of contributions from individuals ▶	6490	6700
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	13000	18500
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19490	25200
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	4634.2	4634.2
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2500	2500
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26624.2	32334.2

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15575.97	28166.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15575.97	28166.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	599745.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26624.2
25. SUBTOTAL (add Line 23 and Line 24).....	626369.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15575.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	610793.8

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address 3615 Lake Avenue

City State Zip Code
Blasdell NY 14219-1509

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

Name of Employer Occupation
NA Disabled

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2014

Transaction ID : A-CF11191

Amount of Each Receipt this Period
10

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

Mailing Address PO Box 268

City State Zip Code
Sardinia NY 14134-0268

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

Name of Employer Occupation
Union Concrete Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2014

Transaction ID : A-CF11184

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Brian D Rusk

Mailing Address 340 Wellingwood Drive

City State Zip Code
East Amherst NY 14051-1753

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

Name of Employer Occupation
WWKB Radio Public Affairs Host

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2014

Transaction ID : A-CF11188

Amount of Each Receipt this Period
150

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

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

2760.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Cheryl Hill

Mailing Address **PO Box 268**

City **Sardinia** State **NY** Zip Code **14134-0268**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 30 / 2014

Transaction ID : A-CF11185

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address **3615 Lake Avenue**

City **Blasdell** State **NY** Zip Code **14219-1509**

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

Name of Employer **NA** Occupation **Disabled**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 23 / 2014

Transaction ID : A-CF11193

Amount of Each Receipt this Period
10

C. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address **3615 Lake Avenue**

City **Blasdell** State **NY** Zip Code **14219-1509**

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

Name of Employer **NA** Occupation **Disabled**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 17 / 2014

Transaction ID : A-CF11186

Amount of Each Receipt this Period
10

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

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

2620.00

**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 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
A. Bradford Card

Mailing Address 3354 Roundtree Est. Ct.

City Falls Church	State VA	Zip Code 22042
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FEC ID number of contributing federal political committee. **C**

Name of Employer Card & Associates	Occupation CEO
---------------------------------------	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : A-CF11196

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Brian D Rusk

Mailing Address 340 Wellingwood Drive

City East Amherst	State NY	Zip Code 14051-1753
----------------------	-------------	------------------------

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

Name of Employer WWKB Radio	Occupation Public Affairs Host
--------------------------------	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : A-CF11194

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address 3615 Lake Avenue

City Blasdell	State NY	Zip Code 14219-1509
------------------	-------------	------------------------

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

Name of Employer NA	Occupation Disabled
------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2014

Transaction ID : A-CF11192

Amount of Each Receipt this Period
10

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

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

1110.00

6490.00

**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 22
	<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)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
NCTAPAC

Mailing Address 25 Massachusetts Avenue NW
Suite 100

City Washington State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : A-CF11198

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
College of American Pathologist PAC

Mailing Address 1350 I Street NW
Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2014

Transaction ID : A-CF11187

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Comcast Corporation & NBC Universal PAC

Mailing Address One Comcast Center
1701 JFK Blvd.

City Philadelpia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : A-CF11197

Amount of Each Receipt this Period
2500

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00492223**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2014

Transaction ID : A-CF11189

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Exxon Mobil PAC

Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C C00095406**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2014

Transaction ID : A-CF11190

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Valero Energy Corporation Political Action Committee

Mailing Address 1 Valero Way

City San Antonio State TX Zip Code 78249-1616

FEC ID number of contributing federal political committee. **C C00109546**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : A-CF11195

Amount of Each Receipt this Period
2500

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

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

6000.00

13000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Crossroads Media, LLC.

Mailing Address 66 Canal Center Plaza
Suite 500

City Alexandria State VA Zip Code 22314-1576

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4634.2

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2014

Transaction ID : A-OF11200

Amount of Each Receipt this Period
 4634.2
 2012 Media refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

4634.20

4634.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Air Line Pilots Assoc. Int'l PAC

Mailing Address 1625 Massachusetts Avenue 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 2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014

Transaction ID : A-MF11199

Amount of Each Receipt this Period
 2500

Miss-deposited check, refund check disclosed on April Quarterly 2015 report

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).....

2500.00

2500.00

**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 12 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit card payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 29 / 2014

Amount of Each Disbursement this Period: 7034.77

Transaction ID : B-E-11203

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial)
B. American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit card fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 14 / 2014

Amount of Each Disbursement this Period: 12.16

Transaction ID : B-S-517

[MEMO ITEM]
Subitemization of American Express(12/29/14)

Full Name (Last, First, Middle Initial)
c. Marketing Technologies of WNY

Mailing Address 2495 Main Street Suite 454

City Buffalo State NY Zip Code 14214-2152

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 464.54

Transaction ID : B-S-518

[MEMO ITEM]
Subitemization of American Express(12/29/14)

SUBTOTAL of Disbursements This Page (optional)..... 7034.77

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 13 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address Longworth Building		Amount of Each Disbursement this Period 81.2
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Gifts	Category/Type 006	Transaction ID : B-S-526 [MEMO ITEM] Subitemization of American Express(12/29/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Emma, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 162.98
City Nashville	State TN Zip Code 37204-2204	
Purpose of Disbursement Monthly email	Category/Type 001	Transaction ID : B-S-528 [MEMO ITEM] Subitemization of American Express(12/29/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Thrill Seekers Adventure		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2014
Mailing Address 839 Hanmer Springs Road Hanmer Springs 7392 New Zealand		Amount of Each Disbursement this Period 450.63
City	State Zip Code	
Purpose of Disbursement Entertaining	Category/Type 007	Transaction ID : B-S-531 [MEMO ITEM] Subitemization of American Express(12/29/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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 14 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. New York Palace		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2014
Mailing Address 455 Madison Avenue		Amount of Each Disbursement this Period 140.71
City New York	State NY	
Zip Code 10022-6845	Purpose of Disbursement Hotel	Transaction ID : B-S-522
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(12/29/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Acqua AI 2		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 212 7th Street SE		Amount of Each Disbursement this Period 1040
City Washington	State DC	
Zip Code 20003-4311	Purpose of Disbursement Fundraising event	Transaction ID : B-S-515
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(12/29/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Carmine's		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 200 W 44th Street		Amount of Each Disbursement this Period 2644.29
City New York	State NY	
Zip Code 10036-3906	Purpose of Disbursement Fundraising event	Transaction ID : B-S-513
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(12/29/14)
State: District:		

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 15 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Marketing Technologies of WNY		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 2495 Main Street Suite 454		Amount of Each Disbursement this Period 132.99
City Buffalo	State NY Zip Code 14214-2152	
Purpose of Disbursement Postage	Category/Type	Transaction ID : B-S-516
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(12/29/14)
State: District:		

Full Name (Last, First, Middle Initial) B. New York Palace		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 455 Madison Avenue		Amount of Each Disbursement this Period 995.01
City New York	State NY Zip Code 10022-6845	
Purpose of Disbursement Hotel	Category/Type 002	Transaction ID : B-S-514
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(12/29/14)
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Monthly software	Category/Type 001	Transaction ID : B-S-527
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(12/29/14)
State: District:		

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 16 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Jeff Freeland		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 653 G Street SE		Amount of Each Disbursement this Period 1071.22 Transaction ID : B-E-11206
City Washington State DC Zip Code 20003-2723	Purpose of Disbursement Other: Travel reimbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 711.75 Transaction ID : B-E-11201
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement Credit card payment	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) c. Jocelyn Jakubus		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 68 Brockett Drive		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-11183
City Tonawanda State NY Zip Code 14223-1421	Purpose of Disbursement Finance consultant	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2782.97
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 17 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Epiphany Productions		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 3020.23
City Alexandria	State VA Zip Code 22301-1015	
Purpose of Disbursement Fundraising consultant	Candidate Name	Transaction ID : B-E-11205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 738
City Newark	State NJ Zip Code 07101-1270	
Purpose of Disbursement Credit card payment	Candidate Name	Transaction ID : B-E-11202
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) c. Congressional Institute		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 738
City Alexandria	State VA Zip Code 22314-2843	
Purpose of Disbursement Registration fees	Candidate Name	Transaction ID : B-S-512
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of American Express(12/30/14)

SUBTOTAL of Disbursements This Page (optional).....	3758.23
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 18 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Lehrer Dance		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 59 Shoshone Street		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-11204
City Buffalo	State NY Zip Code 14214-1031	
Purpose of Disbursement Contribution	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	15575.97

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

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L4**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4500	0	4500

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 26 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	4500.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Collins for Congress

Transaction ID : SC/10-L5

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

Christopher C Collins

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼
Primary 2012

Mailing Address
9660 Cobblestone Drive

City State ZIP Code
Clarence NY 14031-1576

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
245500 0 245500

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 17 / Y 2012 M M / D D / Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 245500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L6**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000	0	100000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 30 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	100000.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L8**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000	0	150000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2012	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	150000.00
TOTALS This Period (last page in this line only).....	▶	500000.00

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