

# 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

Zeldin For Congress

ADDRESS (number and street)

47 Flintlock Drive

Check if different than previously reported. (ACC)

Shirley

NY

11967

2. FEC IDENTIFICATION NUMBER ▼

C C00552547

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

01

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 / 11

D D / 04

Y Y Y Y 2014

in the State of

NY

5. Covering Period

M M / 10

D D / 16

Y Y Y Y 2014

through

M M / 11

D D / 24

Y Y Y Y 2014

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

Type or Print Name of Treasurer Nancy Marks

Signature of Treasurer Nancy Marks

[Electronically Filed]

Date

M M / 12

D D / 04

Y Y Y Y 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Zeldin 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))....	159138.70	1798065.61
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	159138.70	1798065.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	424650.66	1731858.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	424650.66	1731858.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42688.37	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	92576.83	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Zeldin For Congress

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="87181.00"/>	<input type="text" value="1291081.36"/>	<input type="text" value="500.00"/>
(ii) Unitemized		
<input type="text" value="16453.64"/>	<input type="text" value="151649.60"/>	<input type="text" value="516.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="103634.64"/>	<input type="text" value="1442730.96"/>	<input type="text" value="1016.00"/>
(b) Political Party Committees		
<input type="text" value="995.00"/>	<input type="text" value="35151.80"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="54509.06"/>	<input type="text" value="320182.85"/>	<input type="text" value="2500.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 123

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
159138.70	1798065.61	3516.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
159138.70	1798065.61	3516.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Zeldin For Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="424650.66"/>	<input type="text" value="1731858.74"/>	<input type="text" value="27034.50"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 123

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

424650.66	1731858.74	27034.50
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

159138.70	1798065.61	3516.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

424650.66	1731858.74	27034.50
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	308200.33
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	159138.70
25. SUBTOTAL (add Line 23 and Line 24).....	467339.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	424650.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	42688.37

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**Zeldin For Congress**

**A. Miriam Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 South Rampart Blvd Ste 440  
 City Las Vegas State NY Zip Code 89145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miriam Adelson M.D. Occupation Physician  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.14108**  
 Amount of Each Receipt this Period  
 2600.00

**B. Sheldon Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 South Rampart Blvd Ste 440  
 City Las Vegas State NV Zip Code 89145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Vegas Sands Occupation Owner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.14489**  
 Amount of Each Receipt this Period  
 2600.00

**C. Shelley Adelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Sankaty Circle  
 City Henderson State NV Zip Code 89052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11AI.14491**  
 Amount of Each Receipt this Period  
 2600.00

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

7800.00

**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 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Heath Adler**

Mailing Address 185 Avalon Circle

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Occupation  
PSNY Sr Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.14370**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 203 Fairfield Dr East

City State Zip Code  
Holbrook NY 11741

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

Name of Employer Occupation  
Long Island Group Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.14078**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 193-205 Sunrise Highway

City State Zip Code  
West Islip NY 11795

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.14908**

Amount of Each Receipt this Period  
500.00

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

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

1600.00



**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jacquelyn Bruscia**

Mailing Address 110 Cooper Street

City: Babylon State: NY Zip Code: 11702

FEC ID number of contributing federal political committee: C

Name of Employer: Atlantic Auto Mall Occupation: Comptroller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : SA11AI.14908.0**

Amount of Each Receipt this Period: 500.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Auto Mall Nissan LLC**

Mailing Address 193-205 Sunrise Highway

City: West Islip State: NY Zip Code: 11795

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 31 / 2014

**Transaction ID : SA11AI.14116**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 110 Cooper Street

City: Babylon State: NY Zip Code: 11702

FEC ID number of contributing federal political committee: C

Name of Employer: Atlantic Auto Mall Occupation: Comptroller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 31 / 2014

**Transaction ID : SA11AI.14116.0**

Amount of Each Receipt this Period: 1000.00

**[MEMO ITEM]**

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Baiting Hollow Advisors LLC**

Mailing Address 8 N Woods Rd

City Calverton State NY Zip Code 11933

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.14912**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 8 N Woods Rd

City Calverton State NY Zip Code 11933

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

Name of Employer Occupation  
 Baiting Hollow Advisors LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.14912.0**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**

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

Mailing Address P.O. Box 205

City Medford State NY Zip Code 11763

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

Name of Employer Occupation  
 Suffolk Cty Sheriff's Office Deputy Sheriff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.15078**

Amount of Each Receipt this Period  
 50.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Richard Bauser</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 19 Linda St		<b>Transaction ID : SA11AI.14328</b>
City Port Jefferson Station	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	Election Cycle-to-Date 600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Christopher Beattie</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 74 Leonard Street		<b>Transaction ID : SA11AI.14460</b>
City Wading Rlver	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tekmark	Occupation Computer Programmer	Election Cycle-to-Date 1750.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Dennis Becker</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 15 Swan River St.		<b>Transaction ID : SA11AI.14210</b>
City Patchogue	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Marposs Corp.	Occupation Engineer	Election Cycle-to-Date 201.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bonnie Bellafiore**

Mailing Address 17-20 Whitestone Expwy Ste 403

City Whitestone State NY Zip Code 11357

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

Name of Employer Requested Info---Letter Sent Occupation Requested Info---Letter Sent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.14076**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 47 E.88th St

City New York State NY Zip Code 10128

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

Name of Employer Requested Info---Letter Sent Occupation Requested Info---Letter Sent

Biderman Associates Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.12994**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 17 Pondview

City St James State NY Zip Code 11780

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

Name of Employer Requested Info---Letter Sent Occupation

Suffolk Anesthesiology

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.14360**

Amount of Each Receipt this Period  
 250.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Bongiorno**

Mailing Address 222 Mansion Ave

City Staten Island State NY Zip Code 10308

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

Name of Employer Great Kills Harbor Occupation Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.14255**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 297 Mill Hill Rd

City Mill Neck State NY Zip Code 11765

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

Name of Employer The Engel Burman Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.13286**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 297 Mill Hill Rd

City Mill Neck State NY Zip Code 11765

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

Name of Employer The Engel Burman Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.13284**

Amount of Each Receipt this Period  
 2600.00

**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: (check only one)	PAGE 14 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Burman**

Mailing Address 67 Clinton Road

City State Zip Code  
Garden City NY 11530

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

Name of Employer Occupation  
Engel Burman Group Developer

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  
11 / 07 / 2014

**Transaction ID : SA11AI.14377**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 43 Wolf Hollow Rd

City State Zip Code  
Centereach NY 11720

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

Name of Employer Occupation  
Campolo, Middleton & McCormick Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.13094**

Amount of Each Receipt this Period  
1950.00

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

Mailing Address 66 Medford Ave.

City State Zip Code  
Patchogue NY 11772

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

Name of Employer Occupation  
Bellgrade Realty, Inc. Commercial Real Estate Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.14438**

Amount of Each Receipt this Period  
250.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Cervellino**

Mailing Address 10 Burham Ct

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1850.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14282**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 65 Hamilton Dr

City State Zip Code  
Roslyn NY 11576

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

Name of Employer Occupation  
Requested Info---Sent Letter Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14465**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4 Hylser Ct

City State Zip Code  
Coram NY 11727

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

Name of Employer Occupation  
Douglas Elliman Real Estate Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.14412**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Coder**

Mailing Address 6 North Wisconsin Ave

City Massapequa State NY Zip Code 11758

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

Name of Employer Info letter sent-Requested Occupation Info letter sent-Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.14442**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10405 Sandringham Ct

City Potomac State MD Zip Code 20854

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

Name of Employer Federal Health Counsel Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14315**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 11 Canterbury Ct

City Upper Saddle River State NJ Zip Code 07458

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

Name of Employer Eleven Canterbury LLC Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.14136**

Amount of Each Receipt this Period  
250.00

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph Colucci</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 7 Bradley Ln.		<b>Transaction ID : SA11AI.14468</b>	
City East Moriches	State NY	Zip Code 11940	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Requested Info (Sent letter)	Occupation Requested Information		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Louis Corso</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 13451 Oregon Rd		<b>Transaction ID : SA11AI.13844</b>	
City Cutchogue	State NY	Zip Code 11935	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Eileen Cortese</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3049 Wilson Ave		<b>Transaction ID : SA11AI.14448</b>	
City Wantagh	State NY	Zip Code 11793	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Requested Info	Occupation Requested Info		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2350.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Douglas Corwin</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address P.O. Box 500		<b>Transaction ID : SA11AI.14205</b>
City Aquebogue	State NY	Zip Code 11931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Crescent Duck Farm	Occupation Farmer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Courthouse Corporate Center LLC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 377 Oak St Ste 110		<b>Transaction ID : SA11AI.14088</b>
City Garden City	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Eric Ulrich</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 64-82 83rd St		<b>Transaction ID : SA11AI.14088.0</b>
City Middle Village	State NY	Zip Code 11379
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer New York City	Occupation Councilman	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Denis Cronin**

Mailing Address 1295 Northern Blvd

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Occupation  
Royalnest Corp Business

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.13759**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 106 Country Club Road

City State Zip Code  
Bellport NY 11713

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

Name of Employer Occupation  
Emerald Island Supply Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14481**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 106 Country Club Road

City State Zip Code  
Bellport NY 11713

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

Name of Employer Occupation  
Emerald Island Supply Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.14173**

Amount of Each Receipt this Period  
100.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 20 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Dilandro**

Mailing Address 99 Whippoorwill Lane

City East Quogue State NY Zip Code 11942

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

Name of Employer Ocean Electric Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14048**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 2 Windsor Hill

City Saint James State NY Zip Code 11750-3908

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.14333**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 120 East 81st St

City New York State NY Zip Code 10021

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

Name of Employer Time Warner Inc Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.14226**

Amount of Each Receipt this Period  
500.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>David Emrani</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 4333 Veterans Memorial Hwy		<b>Transaction ID : SA11AI.14407</b>
City Ronkonkoma	State NY	Zip Code 11779
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Pride Products Corporation	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Mark Engel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1 Forest Dr		<b>Transaction ID : SA11AI.13762</b>
City Sands Point	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Langson Property Services Corp	Occupation Real estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) <b>Matthew Engel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 19 Soundview Lane		<b>Transaction ID : SA11AI.13761</b>
City Sands Point	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Langsam Property Services Corp	Occupation Real estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Engel**

Mailing Address 3817 Woodley Rd NW

City Washington State DC Zip Code 20016

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

Name of Employer Dechert LLP Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.13763**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 23 Alley Pond Ct

City Dix Hills State NY Zip Code 11746

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.14463**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 35 Sycora Lane

City Islandia State NY Zip Code 11749

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

Name of Employer Church Occupation Senior Pastor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.14142**

Amount of Each Receipt this Period  
50.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Pamela Farino</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 30 Summerset Drive		<b>Transaction ID : SA11AI.14179</b>
City Smithtown	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Domestic Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Fazio</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 15 Industrial Blvd		<b>Transaction ID : SA11AI.14184</b>
City Medford	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Posimech Inc	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Todd Freund</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1 Brewster Court		<b>Transaction ID : SA11AI.15044</b>
City Setauket	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 123
	<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)  
**Zeldin For Congress**

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

Mailing Address **1 Brewster Court**

City **Setauket** State **NY** Zip Code **11733**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11AI.14488**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **188 E 78th St**

City **New York** State **NY** Zip Code **10075**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11AI.14924**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **27 Corwell Avenue**

City **Riverhead** State **NY** Zip Code **11901**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **436.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.14174**

Amount of Each Receipt this Period  
**14.00**

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

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

**714.00**



**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 25 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Diane Glazer**

Mailing Address 3818 Mansfield Dr

City State Zip Code  
Seaford NY 11783

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

Name of Employer Occupation  
Motorola Tech Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14455**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 12

City State Zip Code  
Middle Island NY 11953

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

Name of Employer Occupation  
Just Kids Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14471**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 451 E 14th St 2C

City State Zip Code  
New York NY 10009

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

Name of Employer Occupation  
Requested Info---Sent Letter Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : SA11AI.14443**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 123
	<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)  
**Zeldin For Congress**

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

Mailing Address 611 Moriches Rd

City State Zip Code  
Nissequoge NY 11780

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

Name of Employer Occupation  
Busby Metals Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.14135**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 94 Lake Avenue

City State Zip Code  
Center Moriches NY 11934

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

Name of Employer Occupation  
Stalco Construction Inc President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14126**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 7 Snowdance Lane

City State Zip Code  
Nesconset NY 11767

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
228.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.14431**

Amount of Each Receipt this Period  
50.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alanson Haughton**

Mailing Address P.O. Box 1257

City State Zip Code  
Sag Harbor NY 11963

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

Name of Employer Occupation  
Pitcainn Trust Co Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.14224**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 237 Middle Island Road

City State Zip Code  
Medford NY 11763

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

Name of Employer Occupation  
Pace University Sent Request Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1060.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.14273**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7 Timber Lane

City State Zip Code  
Fort Salonga NY 11768

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

Name of Employer Occupation  
Houslanger & Associates, PLLC Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
264.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14312**

Amount of Each Receipt this Period  
250.00

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

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

1100.00

**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 28 OF 123
	<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)  
**Zeldin For Congress**

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

Mailing Address 300 S Biscayne Blvd #4006

City Miami State FL Zip Code 33131

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

Name of Employer Hale Hamm Investments Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.14069**

Amount of Each Receipt this Period  
1600.00

**B.** Full Name (Last, First, Middle Initial)  
**INVESTIGATIVE AND SECURITY PROFESSIONALS FOR LEGISLATIVE ACTION PAC**

Mailing Address 235 NORTH PINE ST

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00463786

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13097**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 47 Doral Lane

City Bayshore State NY Zip Code 11706

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

Name of Employer Self Employed--Letter Sent Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14768**

Amount of Each Receipt this Period  
500.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Charles Joyce</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 4165 Grandview		<b>Transaction ID : SA11AI.13823</b>
City Wellsville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Otis Eastern Service Inc	Occupation Contractor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>JS Hyundai Automotive LLC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1815 Middle Country Rd		<b>Transaction ID : SA11AI.14118</b>
City Centereach	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Frank Kiridly</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 95 Smithtown Blvd		<b>Transaction ID : SA11AI.14072</b>
City Smithtown	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Regency Homes	Occupation Developer/Builder	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Nabil Kiridly</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 267 E Main St Suite B3		<b>Transaction ID : SA11AI.14358</b>
City Smithtown	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nabil Kiridly M.D.	Occupation Plastic Surgeon	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Judy Landsberg</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 26 Van Buren Ave.		<b>Transaction ID : SA11AI.14265</b>
City Centereach	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 267.00	

Full Name (Last, First, Middle Initial) <b>C. N Brian Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 138-18 28th Rd Apt 3B		<b>Transaction ID : SA11AI.14228</b>
City Flushing	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Langsam	Occupation Realtor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	764.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Oren Lukatz**

Mailing Address 410 So Rampant Blvd Suite 440

City LasVegas	State NV	Zip Code 89145
------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14131**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 410 So Rampant Blvd Suite 440

City LasVegas	State NV	Zip Code 89145
------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14129**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 7 Innis Avenue

City Ronkonkoma	State NY	Zip Code 11779
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14030**

Amount of Each Receipt this Period  
1500.00

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

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

6700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Jackie Maloney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 108 Lynn Ave		<b>Transaction ID : SA11AI.14191</b>
City Hampton Bays	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Jeanne Maloney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 108 Lynn Ave		<b>Transaction ID : SA11AI.14036</b>
City Hampton Bays	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Timothy McCulley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 51 Old Trail Rd		<b>Transaction ID : SA11AI.14439</b>
City Water Mill	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Law Office of Timothy McCulley	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 33 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine McGreevy**

Mailing Address 800 Summit Dr

City State Zip Code  
Mattituck NY 11952

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.14411**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 60 West 57th Street Apt 3F

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
JP Morgan Chase Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.14214**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 80 Maiden Lane

City State Zip Code  
New York NY 10038

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

Name of Employer Occupation  
Crown Advantage Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14321**

Amount of Each Receipt this Period  
250.00

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

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

450.00

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Monaco**

Mailing Address 33 Lourae Dr.

City State Zip Code  
Massapequa NY 11762

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

Name of Employer Requested Info (Sent letter) Occupation Requested Information

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.14424**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 256 Mill Rd

City State Zip Code  
Westhampton Beach NY 11978

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

Name of Employer Requested Info (Sent letter) Occupation Requested Information  
Douglas Elliman Real Estate Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2528.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.14371**

Amount of Each Receipt this Period  
14.00

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

Mailing Address 10 Puritan Pl

City State Zip Code  
Huntington NY 11743

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

Name of Employer Requested Info (Sent letter) Occupation Requested Information  
Mullahy & Associates Nurse Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.14340**

Amount of Each Receipt this Period  
100.00

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

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

214.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tom Mulrooney**

Mailing Address 7 Westbury Rd

City State Zip Code  
Hampton Bays NY 11946

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.14240**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 200 Atlantic Avenue

City State Zip Code  
Blue Point NY 11715

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.14414**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3349 Park Ave

City State Zip Code  
Wantagh NY 11793

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

Name of Employer Occupation  
Murphy-Troy & Associates P.C. Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14453**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 36 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Justin Muzinich**

Mailing Address 110 East 71st St

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Muzinich & Co Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.14336**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 Penn Drive

City State Zip Code  
Dix Hills NY 11746

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

Name of Employer Occupation  
Requested Info Requested Info

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.14452**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4 Phyllis Dr Ste B

City State Zip Code  
Patchogue NY 11772

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.14074**

Amount of Each Receipt this Period  
1000.00

**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 37 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Desmond O'Sullivan**

Mailing Address 21 Waterview Dr

City State Zip Code  
Port Jefferson NY 11777

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

Name of Employer Requested Info---Sent Letter  
Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.14253**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Old Victoria House LLC**

Mailing Address 750 Route 25A Ste 3

City State Zip Code  
Setauket NY 11733

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

Name of Employer Requested Info---Sent Letter  
Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.14484**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Route 25A Woods Corner Rd

City State Zip Code  
Setauket NY 11733

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

Name of Employer Requested Info---Sent Letter  
Old Victoria House LLC  
Occupation Requested Info---Sent Letter  
Property Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.14484.0**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 1053

City State Zip Code  
BLOOMINGTON IN 47402

FEC ID number of contributing federal political committee. **C** C00551853

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.13846**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**P & B Automotive LLC**

Mailing Address 193 Sunrise Highway

City State Zip Code  
West Islip NY 11795

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14114**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5 Hornleaf Lane

City State Zip Code  
Holbrook NY 11741

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

Name of Employer Occupation  
Custom Design Contracting Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.14372**

Amount of Each Receipt this Period  
200.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Prochaska**

Mailing Address 22 Wicks Rd

City State Zip Code  
E Northport NY 11731

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.14425**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 27 West Haven Drive

City State Zip Code  
East Northport NY 11731

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

Name of Employer Occupation  
GEICO Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.14457**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 118 Horseshoe Rd.

City State Zip Code  
Mill Neck NY 11765-1004

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

Name of Employer Occupation  
American Stock Exchange President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.13100**

Amount of Each Receipt this Period  
2600.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Quit**

Mailing Address 15 Randall Rd

City State Zip Code  
Wading River NY 11792

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
214.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.14261**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 41 Webster St

City State Zip Code  
N.Merrick NY 11566

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

Name of Employer Occupation  
Raiser & Kenniff Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2014

**Transaction ID : SA11AI.14285**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15 Greenwood Lane

City State Zip Code  
St James NY 11780

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

Name of Employer Occupation  
Requested Info---Sent Letter Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.14155**

Amount of Each Receipt this Period  
500.00

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

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

1025.00



**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 41 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Julie Riccio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 4810 25th St N		<b>Transaction ID : SA11AI.14196</b>
City Arlington	State VA	
Zip Code 22207	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer PWC	Occupation Director	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Arthur Riklin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 122 Laburnum		<b>Transaction ID : SA11AI.14427</b>
City San Antonio	State TX	
Zip Code 78209	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>William Rogers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 34 Boylan Lane		<b>Transaction ID : SA11AI.14246</b>
City Blue Point	State NY	
Zip Code 11715	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer Requested Info--Sent Letter	Occupation Requested Info--Sent Letter	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Rom</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 64 Wood Ave		<b>Transaction ID : SA11AI.14450</b>
City Amityville	State NY	Zip Code 11701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Integrated Drywall	Occupation Construction	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Brad Rose</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2006 Lake End Rd		<b>Transaction ID : SA11AI.13755</b>
City Merrick	State NY	Zip Code 11566
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Pryor Cashman LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Brad Rose</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2006 Lake End Rd		<b>Transaction ID : SA11AI.13757</b>
City Merrick	State NY	Zip Code 11566
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Pryor Cashman LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 43 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jacalyn Rose**

Mailing Address 2006 Lake End Rd

City Merrick State NY Zip Code 11566

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

Name of Employer Self Employed Occupation Advertising

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.14101**

Amount of Each Receipt this Period  
 1400.00

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

Mailing Address 102 W Lakewood St

City Patchogue State NY Zip Code 11772

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.14161**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 102 W Lakewood St

City Patchogue State NY Zip Code 11772

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.14262**

Amount of Each Receipt this Period  
 50.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. William Schoolman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 1600 Locust Ave		<b>Transaction ID : SA11AI.14449</b>	
City Bohemia	State NY	Zip Code 11716	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Schoolman Transportation	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Merrill Schwartz</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 18444 Via Di Regina		<b>Transaction ID : SA11AI.14206</b>	
City Boca Raton	State FL	Zip Code 33496	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1754.00		

Full Name (Last, First, Middle Initial) <b>C. Scott Silberman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 25 Ely Rd		<b>Transaction ID : SA11AI.14223</b>	
City Holmoel	State NJ	Zip Code 07733	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SMS Engineering	Occupation Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 450.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>David Simek</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address 31 Woodacres Rd		<b>Transaction ID : SA11AI.14341</b>
City Brookville	State NY	Zip Code 11545
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>William Simons</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 4815 Habersham Lane		<b>Transaction ID : SA11AI.14186</b>
City Summerville	State SC	Zip Code 29485
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Trident Real Estate	Occupation Realtor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Carrol Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 2114 Bradley Pond Rd		<b>Transaction ID : SA11AI.14104</b>
City Ellenburg Center	State NY	Zip Code 12934
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation None	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Clifford Sobel</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 225 Millburn Ave		<b>Transaction ID : SA11AI.14049</b>	
City Milburn	State NJ	Zip Code 07041	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Valor Capital Broup	Occupation Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Marisa Sorrentino</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 100 Elliot Ave		<b>Transaction ID : SA11AI.15066</b>	
City Lake Grove	State NY	Zip Code 11755	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Evinlem Management	Occupation Archiver		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Charles Spies</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 7406 Park Terrace Dr		<b>Transaction ID : SA11AI.14324</b>	
City Alexandria	State VA	Zip Code 22307	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Clark Hill PLLC	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4100.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Kanwal Sra</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 7 Alley Pond Ct		<b>Transaction ID : SA11AI.14461</b>
City Huntington Station	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sra & Associates	Occupation Accountant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Wallace Steidle</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 392		<b>Transaction ID : SA11AI.15193</b>
City Watermill	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Fisherman	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) <b>Wallace Steidle</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO Box 392		<b>Transaction ID : SA11AI.14410</b>
City Watermill	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Fisherman	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 48 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Stein Jr.**

Mailing Address 306 Orchid Drive

City Mastic Beach State NY Zip Code 11951

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

Name of Employer US Postal Service Occupation Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **303.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.14476**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 306 Orchid Drive

City Mastic Beach State NY Zip Code 11951

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

Name of Employer US Postal Service Occupation Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **328.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.14172**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 306 Orchid Drive

City Mastic Beach State NY Zip Code 11951

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

Name of Employer US Postal Service Occupation Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **353.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14309**

Amount of Each Receipt this Period  
**25.00**

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

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

**100.00**



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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 49 OF 123

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sunrise Automall LLC**

Mailing Address 1391 Sunrise Highway

City Bayshore State NY Zip Code 11706

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14112**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Tangel Engineering Associates PC**

Mailing Address 285 Middle Country Rd Suite 208

City Smithtown State NY Zip Code 11787

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.14418**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 10 Poplar Lane

City Bayport State NY Zip Code 11705

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

Name of Employer Occupation  
 Satyanarayana V. Tanguturi M.D  
 Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.14356**

Amount of Each Receipt this Period  
 250.00

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

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

1950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 123
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Manoj Treman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2544 Tonquen St		<b>Transaction ID : SA11AI.14250</b>
City E.Meadow	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Manmohan Wanchoo</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6 Hicks Lane		<b>Transaction ID : SA11AI.14473</b>
City Old Westbury	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Requested Info	Occupation Requested Info	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Jay Wartski</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 251 West 20th St		<b>Transaction ID : SA11AI.14390</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Real Estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Whelan**

Mailing Address 165 West End Ave Apt 20D

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Blank Rome LLP Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.14277**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 664

City State Zip Code  
Nesconset NY 11767

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

Name of Employer Occupation  
Port Jeff Cesspool Service Inc Service Person

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
242.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.14212**

Amount of Each Receipt this Period  
14.00

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

Mailing Address P.O. Box 411

City State Zip Code  
Sagaponack NY 11962

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

Name of Employer Occupation  
UBS Financial Services Financial Advisors

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.14446**

Amount of Each Receipt this Period  
250.00

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

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

764.00

**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 52 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fred Zeidman**

Mailing Address 3719 Olympia Dr

City Houston State TX Zip Code 77019

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

Name of Employer Requested Info---Sent Letter  
Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14319**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 360 W Washington Avenue Apt # 1215

City Madison State WI Zip Code 53703

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

Name of Employer Requested Info---Sent Letter  
Epic Systems Corp  
Occupation Requested Info---Sent Letter  
Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.14287**

Amount of Each Receipt this Period  
150.00

**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 Requested Info---Sent Letter  
Occupation Requested Info---Sent Letter

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).....

400.00

87181.00

**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 53 OF 123
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Smithtown Conservatives For Victory**

Mailing Address 181 Smithtown Blvd Ste 103

City Nesconset State NY Zip Code 11767

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
995.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11B.14898**

Amount of Each Receipt this Period  
995.00

Permissible Funds

**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).....

995.00

995.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 123	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACPAC ACA International**

Mailing Address 509 2nd Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11C.14897**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 STEWART AVENUE

City BETHPAGE State NY Zip Code 11714

FEC ID number of contributing federal political committee. **C C00197863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11C.14065**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE  
ATTN: 19050-1204

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11C.14106**

Amount of Each Receipt this Period  
**4000.00**

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

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

**7500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CMR POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.14012**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address PO BOX 1295

City Gainesville State GA Zip Code 30503

FEC ID number of contributing federal political committee. **C** C00502039

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
859.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11C.15352**

Amount of Each Receipt this Period  
859.06

In-kind - Fund raiser travel expenses

**C.** Full Name (Last, First, Middle Initial)  
**DEEDS NOT WORDS POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 94478

City Oklahoma City State OK Zip Code 73143

FEC ID number of contributing federal political committee. **C** C00569293

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.14507**

Amount of Each Receipt this Period  
1000.00

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

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

3859.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOUG LAMALFA COMMITTEE**

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code  
SACRAMENTO CA 95833

FEC ID number of contributing federal political committee. **C** C00509422

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 27 2014

**Transaction ID : SA11C.14041**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FIRST IN FREEDOM PAC**

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00540146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 27 2014

**Transaction ID : SA11C.14045**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Mario Mattera**

Mailing Address P.O. Box 2

City State Zip Code  
St James NY 11780

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 24 2014

**Transaction ID : SA11C.15296**

Amount of Each Receipt this Period  
250.00

Permissible Funds

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

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

3850.00



**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 57 OF 123
	<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)  
**Zeldin For Congress**

**A. FUND FOR AMERICAN OPPORTUNITY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C C00336297**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.14110**

Amount of Each Receipt this Period  
 1000.00

**B. GARY PALMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

FEC ID number of contributing federal political committee. **C C00551374**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11C.14086**

Amount of Each Receipt this Period  
 1000.00

**C. GEORGE HOLDING FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

FEC ID number of contributing federal political committee. **C C00499236**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.14505**

Amount of Each Receipt this Period  
 1000.00

**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 58 OF 123
	<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)  
**Zeldin For Congress**

**A. GREATER TOMORROW POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00526715  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11C.14038**  
 Amount of Each Receipt this Period  
 1000.00

**B. HSP Direct**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13755 Sunrise Valley Dr Suite 450  
 City Herndon State VA Zip Code 20171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014  
**Transaction ID : SA11C.14024**  
 Amount of Each Receipt this Period  
 2600.00

**C. ICE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9158 E Staring Lane  
 City Eden Prairie State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C** C00484667  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11C.14040**  
 Amount of Each Receipt this Period  
 2000.00

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 123
	<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)  
**Zeldin For Congress**

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

Mailing Address 20 F Street NW Ste 610

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11C.14068**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Ratcliffe For Congress**

Mailing Address 2931 Ridge Rd Ste 101-217

City Rockwall State TX Zip Code 75032

FEC ID number of contributing federal political committee. **C C00554113**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.14026**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

FEC ID number of contributing federal political committee. **C C00433730**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.14028**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00563726**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11C.14044**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL FUEL GAS COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **6363 MAIN STREET**

City **WILLIAMSVILLE** State **NY** Zip Code **14221**

FEC ID number of contributing federal political committee. **C C00083758**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11C.14084**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL PRO-LIFE ALLIANCE PAC**

Mailing Address **5211 PORT ROYAL ROAD  
SUITE 500**

City **SPRINGFIELD** State **VA** Zip Code **22151**

FEC ID number of contributing federal political committee. **C C00358051**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.14016**

Amount of Each Receipt this Period  
 5000.00

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

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

8600.00

**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 61 OF 123
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NEW YORK MAJORITY FUND 2014**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00566216

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11C.14094**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

FEC ID number of contributing federal political committee. **C** C00437913

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11C.14900**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

FEC ID number of contributing federal political committee. **C** C00528307

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11C.14098**

Amount of Each Receipt this Period  
 1000.00

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

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

4600.00

**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 62 OF 123
	<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)  
**Zeldin For Congress**

**A. People for Enterprise Trade & Economic Growth**

Full Name (Last, First, Middle Initial)  
Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11C.14013**

Amount of Each Receipt this Period  
3000.00

**B. Portuguese American PAC Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address 760 Horseblock Rd

City Farmingville State NY Zip Code 11738

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11C.15263**

Amount of Each Receipt this Period  
1000.00

**C. RENEW AMERICA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 27 LEHIGH COURT

City ROCKVILLE CENTRE State NY Zip Code 11570

FEC ID number of contributing federal political committee. **C** C00290098

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11C.14064**

Amount of Each Receipt this Period  
2500.00

**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: (check only one)	PAGE 63 OF 123
	<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)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC**

Mailing Address **P. O. BOX 718**

City	State	Zip Code
WINSTON-SALEM	NC	27102

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

**Transaction ID : SA11C.14051**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

Mailing Address **P.O. Box 3404**

City	State	Zip Code
Alexandria	VA	22302

FEC ID number of contributing federal political committee. **C C00409185**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4000.00
---	---

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

**Transaction ID : SA11C.14047**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

C. Full Name (Last, First, Middle Initial)  
**UTC Employee Political Action Committee**

Mailing Address **No street address on check**

City	State	Zip Code
Hartford	CT	06101

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00
---	---

Date of Receipt  

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

**Transaction ID : SA11C.14902**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00  
 2014 General Debt

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

\_\_\_\_\_ 6500.00

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

\_\_\_\_\_ 54509.06

**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 64 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Advantage Direct</b>		M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 2300 Clarendon Blvd Ste 303		Amount of Each Disbursement this Period	
City	State	Zip Code	11727.84
Arlington	VA	22201	<b>Transaction ID : SB17.14533</b>
Purpose of Disbursement Voter ID's		Category/ Type	
Candidate Name <b>Zeldin For Congress</b>		004	
Office Sought:	Disbursement For: 2014		
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 01			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Advantage Direct</b>		M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 2300 Clarendon Blvd Ste 303		Amount of Each Disbursement this Period	
City	State	Zip Code	4091.60
Arlington	VA	22201	<b>Transaction ID : SB17.14543</b>
Purpose of Disbursement Voter ID's		Category/ Type	
Candidate Name <b>Zeldin For Congress</b>		005	
Office Sought:	Disbursement For: 2014		
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 01			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Alitalia Pizza</b>		M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 532 Montauk Highway		Amount of Each Disbursement this Period	
City	State	Zip Code	192.04
Center Moriches	NY	11934	<b>Transaction ID : SB17.14580</b>
Purpose of Disbursement Pizza for Volunteers		Category/ Type	
Candidate Name <b>Zeldin For Congress</b>		001	
Office Sought:	Disbursement For: 2014		
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16011.48
<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 65 OF 123		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Alitalia Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 532 Montauk Highway		Amount of Each Disbursement this Period 383.45 <b>Transaction ID : SB17.14892</b>
City Center Moriches	State NY Zip Code 11934	
Purpose of Disbursement Bill Paid at Pizza Place for Volunteer Food		Category/Type 001
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Eric Amidon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 7 Meadowgrass Lane		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.14551</b>
City Southampton	State NY Zip Code 11968	
Purpose of Disbursement Campaign Manager		Category/Type 001
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Erin Amidon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 7 Meadowgrass Lane		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.14571</b>
City Southampton	State NY Zip Code 11968	
Purpose of Disbursement Political Director		Category/Type 001
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15383.45
<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 66 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 1771.34 <b>Transaction ID : SB17.15345</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Fees on donations	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 41402.34 <b>Transaction ID : SB17.14676</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 15214.33 <b>Transaction ID : SB17.14679</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58388.01
<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 67 OF 123		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 19883.00 <b>Transaction ID : SB17.14688</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 39000.00 <b>Transaction ID : SB17.14689</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 104000.00 <b>Transaction ID : SB17.14692</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buys	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162883.00
<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 68 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 6069.00 <b>Transaction ID : SB17.14707</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buys	Category/ Type 004
Candidate Name Zeldin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1111 Stewart Ave		Amount of Each Disbursement this Period 109.95 <b>Transaction ID : SB17.14528</b>
City Bethpage	State NY	
Zip Code 11714	Purpose of Disbursement Internet/Phone	Category/ Type 001
Candidate Name Zeldin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Campaigns Unlimited</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 142.30 <b>Transaction ID : SB17.14525</b>
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Paper	Category/ Type 001
Candidate Name Zeldin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6321.25
<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 69 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Campaigns Unlimited</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period
City Shirley	State NY	Zip Code 11967
Purpose of Disbursement Print/Postage/Mail	Category/Type 004	Transaction ID : SB17.14568
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Campaigns Unlimited</b>		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period
City Shirley	State NY	Zip Code 11967
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : SB17.14685
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Campaigns Unlimited</b>		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period
City Shirley	State NY	Zip Code 11967
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : SB17.14686
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9832.60
<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: (check only one)	PAGE 70 OF 123			
	<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)  
**Zeldin For Congress**

**A. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Postage

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 92.08

Transaction ID : SB17.14687

Category/Type: 001

**B. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Lawn Signs

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 6623.70

Transaction ID : SB17.14550

Category/Type: 006

**c. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Radio Ad

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 30 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.14558

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 6915.78

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 123	
	<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)  
**Zeldin For Congress**

**A. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Finance Consulting

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President  
State: NY District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.14561

Category/Type: 001

**B. Castle Strategies LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 11105 Harrowfield Road

City Charlotte State NC Zip Code 28226

Purpose of Disbursement Social Media Consultant

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President  
State: NY District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 2800.00

Transaction ID : SB17.14562

Category/Type: 001

**c. Castle Strategies LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 11105 Harrowfield Road

City Charlotte State NC Zip Code 28226

Purpose of Disbursement Social Media Consultant

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President  
State: NY District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.14699

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 13800.00

**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 72 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Citgo Lake Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2691 Middle Country Rd		Amount of Each Disbursement this Period 921.67 <b>Transaction ID : SB17.14715</b>
City Lake Grove	State NY	
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1593 Spring Hill rd Suite 400		Amount of Each Disbursement this Period 7.60 <b>Transaction ID : SB17.14684</b>
City Tysons Corner	State VA	
Purpose of Disbursement Credit Card Fees	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>C. COLLINS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 1295		Amount of Each Disbursement this Period 859.06 <b>Transaction ID : SB17.15354</b>
City GAINESVILLE	State GA	
Purpose of Disbursement In-kind - Fund raiser travel expenses	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	921.67
<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 73 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Colortree Group Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 8000 Villa Park Dr		Amount of Each Disbursement this Period 2104.65 <b>Transaction ID : SB17.15275</b>
City Richmond	State VA Zip Code 23228	
Purpose of Disbursement 2014 General Expense---Printing and Mailshop		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Connoisseur Media Long Island</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 234 Airport Plaza Ste 5		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.14515</b>
City Farmingdale	State NY Zip Code 11735	
Purpose of Disbursement Radio Buy		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Corporate Press Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 9700 Philadelphia Ct		Amount of Each Disbursement this Period 200.37 <b>Transaction ID : SB17.15277</b>
City Lanham	State MD Zip Code 20706	
Purpose of Disbursement 2014 General Expense---Printing and Mailshop		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6805.02
<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 74 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Disiena</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>22 Pine Dr</b>		Amount of Each Disbursement this Period <b>1530.00</b> <b>Transaction ID : SB17.14555</b>
City <b>Woodbury</b> State <b>NY</b> Zip Code <b>11797</b>	Purpose of Disbursement <b>Research Services</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2014</b>
Mailing Address <b>1900 N Culpeper St</b>		Amount of Each Disbursement this Period <b>399.08</b> <b>Transaction ID : SB17.15279</b>
City <b>Arlington</b> State <b>VA</b> Zip Code <b>22207</b>	Purpose of Disbursement <b>2014 General Expense--Statistical Modeling</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>c. Eastern American Data</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>P.O Box 8043</b>		Amount of Each Disbursement this Period <b>653.92</b> <b>Transaction ID : SB17.14531</b>
City <b>Long Island City</b> State <b>NY</b> Zip Code <b>11101</b>	Purpose of Disbursement <b>Copier Rental</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2583.00</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: (check only one)		PAGE 75 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. East Hampton Independent News Company</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 74 Montauk Hwy Ste 16		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB17.14678</b>
City East Hampton	State NY	
Zip Code 11937	Purpose of Disbursement Newspaper Ads	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. James Emanuele</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 207 Gibbs Pond Road		Amount of Each Disbursement this Period 270.42 <b>Transaction ID : SB17.14638</b>
City Nesconset	State NY	
Zip Code 11767	Purpose of Disbursement Expense Reimbursement	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. James Emanuele</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 207 Gibbs Pond Road		Amount of Each Disbursement this Period 182.89 <b>Transaction ID : SB17.14628</b>
City Nesconset	State NY	
Zip Code 11767	Purpose of Disbursement Expense Reimbursement	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1503.31
<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 76 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lake Grove Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3089 Middle Country Rd		Amount of Each Disbursement this Period 50.44
City Lake Grove	State NY	
Zip Code 11755	Purpose of Disbursement Gas on 10/08/2014	Transaction ID : SB17.14628.2
Candidate Name <b>Zeldin For Congress</b>	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3460 Veterans Memorial Highway		Amount of Each Disbursement this Period 27.69
City Bohemia	State NY	
Zip Code 11716	Purpose of Disbursement Fed Ex Overnight Package	Transaction ID : SB17.14680
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 3460 Veterans Memorial Highway		Amount of Each Disbursement this Period 27.69
City Bohemia	State NY	
Zip Code 11716	Purpose of Disbursement Fed Ex Overnight Package	Transaction ID : SB17.14690
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55.38
<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 77 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3460 Veterans Memorial Highway		Amount of Each Disbursement this Period 32.05 <b>Transaction ID : SB17.14694</b>
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Fed Ex Overnight Package 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 3460 Veterans Memorial Highway		Amount of Each Disbursement this Period 27.69 <b>Transaction ID : SB17.14711</b>
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Fed Ex overnight package 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1086.72 <b>Transaction ID : SB17.14547</b>
City Shirley State NY Zip Code 11967	Purpose of Disbursement Postage 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1146.46
<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: (check only one)	PAGE 78 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1811.06 <b>Transaction ID : SB17.14548</b>
City Shirley	State NY	
Purpose of Disbursement Postage	Category/ Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1746.00 <b>Transaction ID : SB17.14549</b>
City Shirley	State NY	
Purpose of Disbursement Postage	Category/ Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : SB17.14520</b>
City Shirley	State NY	
Purpose of Disbursement Stamps	Category/ Type 006	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4047.06
<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 79 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 925.93 <b>Transaction ID : SB17.14522</b>
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Mailing	Category/ Type 006
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 39 Oak St		Amount of Each Disbursement this Period 132.66 <b>Transaction ID : SB17.14731</b>
City Central Islip	State NY	
Zip Code 11722	Purpose of Disbursement Reimbursement Check	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Citgo Shirley</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 980 Montauk Highway		Amount of Each Disbursement this Period 55.00 <b>Transaction ID : SB17.14731.0</b> <b>[MEMO ITEM]</b>
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Gas on 10/05/2014	Category/ Type 002
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	925.93
<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 80 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Citgo Lake Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2691 Middle Country Rd		Amount of Each Disbursement this Period 31.33
City Lake Grove	State NY	
Purpose of Disbursement Gas on 10/10/2014		Transaction ID : SB17.14731.3 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 39 Oak St		Amount of Each Disbursement this Period 900.00
City Central Islip	State NY	
Purpose of Disbursement Volunteer Coordinator		Transaction ID : SB17.14557
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 39 Oak St		Amount of Each Disbursement this Period 131.38
City Central Islip	State NY	
Purpose of Disbursement Expense Reimbursement		Transaction ID : SB17.14591
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1031.38
<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 81 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>39 Oak St</b>		Amount of Each Disbursement this Period <b>1092.00</b> <b>Transaction ID : SB17.14599</b>
City <b>Central Islip</b> State <b>NY</b> Zip Code <b>11722</b>	Purpose of Disbursement <b>Volunteer Coordinator</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>124 Dock Rd.</b>		Amount of Each Disbursement this Period <b>1213.86</b> <b>Transaction ID : SB17.14675</b>
City <b>East Islip</b> State <b>NY</b> Zip Code <b>11730</b>	Purpose of Disbursement <b>Expense Reimbursement</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>736 Main St</b>		Amount of Each Disbursement this Period <b>76.45</b> <b>Transaction ID : SB17.14675.0</b> <b>[MEMO ITEM]</b>
City <b>Islip</b> State <b>NY</b> Zip Code <b>11751</b>	Purpose of Disbursement <b>Gas on 10/09/2014</b> Category/Type <b>002</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2305.86</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: (check only one)		PAGE 82 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 34.01
City Islip	State NY	
Purpose of Disbursement Gas on 10/07/2014		Transaction ID : SB17.14675.1  [MEMO ITEM]
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 12.28
City East Islip	State NY	
Purpose of Disbursement Coffee for the Office on 10/14/2014		Transaction ID : SB17.14675.6  [MEMO ITEM]
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 43.00
City Islip	State NY	
Purpose of Disbursement Gas on 10/01/2014		Transaction ID : SB17.14675.7  [MEMO ITEM]
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 66.00
City Islip	State NY	
Purpose of Disbursement Gas on 10/03/2014		Transaction ID : SB17.14675.8
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Staples East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2650-1 Sunrise Highway		Amount of Each Disbursement this Period 243.31
City East Islip	State NY	
Purpose of Disbursement Supplies for Centereach Office on 10/15/2014		Transaction ID : SB17.14675.9
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 22.14
City East Islip	State NY	
Purpose of Disbursement Coffee for Office on 10/01/2014		Transaction ID : SB17.14675.12
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Groneman Group Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 124 Dock Rd		Amount of Each Disbursement this Period 180.00
City East Islip	State NY	
Zip Code 11730	Purpose of Disbursement Security for Event on 10/05/2014	Transaction ID : SB17.14675.14 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 74.00
City Islip	State NY	
Zip Code 11751	Purpose of Disbursement Gas on 10/11/2014	Transaction ID : SB17.14675.17 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 78.00
City Islip	State NY	
Zip Code 11751	Purpose of Disbursement Gas on 10/13/2014	Transaction ID : SB17.14675.18 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 78.00
City Islip	State NY	
Purpose of Disbursement Gas bought on 10/05/2014		Transaction ID : SB17.14675.19 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 66.00
City Islip	State NY	
Purpose of Disbursement Gas bought on 10/10/2014		Transaction ID : SB17.14675.20 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 124 Dock Rd.		Amount of Each Disbursement this Period 1013.74
City East Islip	State NY	
Purpose of Disbursement Expense Reimbursement for the offices		Transaction ID : SB17.14613
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1013.74
<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 86 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 125 Beacon Dr		Amount of Each Disbursement this Period 365.41
City Holbrook	State NY	
Purpose of Disbursement Office Supplies for Headquarters on 10/02/2014		Transaction ID : SB17.14613.0 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. King Kullen</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 552 Montauk Highway		Amount of Each Disbursement this Period 65.51
City Center Moriches	State NY	
Purpose of Disbursement Office Supplies for Center Moriches Office on 10/2/2014		Transaction ID : SB17.14613.1 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 68.64
City Islip	State NY	
Purpose of Disbursement Gas reimbursement for 10/02/2014		Transaction ID : SB17.14613.2 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period <b>46.55</b>
City Centereach State NY Zip Code 11720	Purpose of Disbursement Lunch For Volunteers on 10/2/2014	<b>Transaction ID : SB17.14613.3</b>
Candidate Name Zeldin For Congress	Category/Type 001	<b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period <b>22.74</b>
City Centereach State NY Zip Code 11720	Purpose of Disbursement Office Supplies for Centereach Office on 10/04/2014	<b>Transaction ID : SB17.14613.4</b>
Candidate Name Zeldin For Congress	Category/Type 001	<b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period <b>31.30</b>
City Centereach State NY Zip Code 11720	Purpose of Disbursement Lunch For Volunteers on 10/08/2014	<b>Transaction ID : SB17.14613.6</b>
Candidate Name Zeldin For Congress	Category/Type 001	<b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<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: (check only one)		PAGE 88 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 70.25
City Islip	State NY	
Purpose of Disbursement Gas on 10/09/2014		Transaction ID : SB17.14613.7
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 23.80
City Centereach	State NY	
Purpose of Disbursement Lunch For Volunteers on 10/10/2014		Transaction ID : SB17.14613.8
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Staples Stony Brook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2100 Nesconset Highway		Amount of Each Disbursement this Period 187.90
City Stony Brook	State NY	
Purpose of Disbursement Electronic Notebook for Headquarters on 10/16/2014		Transaction ID : SB17.14613.11
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 995.80
City Centereach State NY Zip Code 11720	Purpose of Disbursement Office Supplies for Centereach Office on 10/14/2014	
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	Transaction ID : SB17.14613.12 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 38.80
City Islip State NY Zip Code 11751	Purpose of Disbursement Gas on 10/15/2014	
Candidate Name <b>Zeldin For Congress</b>	Category/Type 002	Transaction ID : SB17.14613.13 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 124 Dock Rd.		Amount of Each Disbursement this Period 995.80
City East Islip State NY Zip Code 11730	Purpose of Disbursement Expense Reimbursement	
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	Transaction ID : SB17.14848
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	995.80
<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 90 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. King Kullen</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 552 Montauk Highway		Amount of Each Disbursement this Period 40.08
City Center Moriches	State NY	
Purpose of Disbursement Food For Election Day	Category/ Type 001	Transaction ID : SB17.14848.6  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 55.01
City Islip	State NY	
Purpose of Disbursement Gas	Category/ Type 002	Transaction ID : SB17.14848.8  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 31.48
City Centereach	State NY	
Purpose of Disbursement Snacks for Volunteers	Category/ Type 001	Transaction ID : SB17.14848.9  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 38.74
City Centereach	State NY	
Zip Code 11720	Purpose of Disbursement Supplies for Centereach Office	Transaction ID : SB17.14848.10
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 79.00
City Islip	State NY	
Zip Code 11751	Purpose of Disbursement Gas	Transaction ID : SB17.14848.12
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 124 Dock Rd.		Amount of Each Disbursement this Period 671.24
City East Islip	State NY	
Zip Code 11730	Purpose of Disbursement Expense Reimbursement	Transaction ID : SB17.14870
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	671.24
<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 92 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 72.00
City Islip	State NY	
Purpose of Disbursement Gas	Category/ Type 002	Transaction ID : SB17.14870.0  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 50.51
City Islip	State NY	
Purpose of Disbursement Gas	Category/ Type 002	Transaction ID : SB17.14870.1  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 15.19
City Centereach	State NY	
Purpose of Disbursement Food For Volunteers	Category/ Type 001	Transaction ID : SB17.14870.3  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bed Bath &amp; Beyond</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2014
Mailing Address 5131 Sunrise Highway		Amount of Each Disbursement this Period 152.13
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Merchandise for Fundraiser	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.5 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Staples East Islip</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address 2650-1 Sunrise Highway		Amount of Each Disbursement this Period 27.08
City East Islip State NY Zip Code 11730	Purpose of Disbursement Office Supplies	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.7 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts East Islip</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 19.98
City East Islip State NY Zip Code 11751	Purpose of Disbursement Coffee for the Office	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.8 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 25.97
City East Islip	State NY	Zip Code 11751
Purpose of Disbursement Donuts for Volunteers	Category/ Type 001	Transaction ID : SB17.14870.9
Candidate Name <b>Zeldin For Congress</b>	[MEMO ITEM]	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 7.61
City East Islip	State NY	Zip Code 11751
Purpose of Disbursement Munchkins for Volunteers	Category/ Type 001	Transaction ID : SB17.14870.10
Candidate Name <b>Zeldin For Congress</b>	[MEMO ITEM]	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 19.36
City Centereach	State NY	Zip Code 11720
Purpose of Disbursement Lunch For Volunteers	Category/ Type 001	Transaction ID : SB17.14870.12
Candidate Name <b>Zeldin For Congress</b>	[MEMO ITEM]	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 25.93
City State Zip Code Centereach NY 11720	Purpose of Disbursement Lunch for Volunteers	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.13 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 34.21
City State Zip Code Centereach NY 11720	Purpose of Disbursement Lunch for Volunteers	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.14 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Hess Farmingville</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1801 N.Ocean Ave		Amount of Each Disbursement this Period 375.00
City State Zip Code Farmingville NY 11763	Purpose of Disbursement Gas Cards for Interns and Drivers	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14703
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	375.00
<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 96 OF 123		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. JPA Studio</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 48 Birchwood Rd		Amount of Each Disbursement this Period 211.72 <b>Transaction ID : SB17.14738</b>
City Coram State NY Zip Code 11727	Purpose of Disbursement Photography Services 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. JVC Broadcasting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3075 Veterans Memorial Highway Ste 201		Amount of Each Disbursement this Period 2990.00 <b>Transaction ID : SB17.14572</b>
City Ronkonkoma State NY Zip Code 11779	Purpose of Disbursement Radio Air Time 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Lawrence Scott Events</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 35 Bethpage Rd		Amount of Each Disbursement this Period 5119.97 <b>Transaction ID : SB17.14537</b>
City Hicksville State NY Zip Code 11801	Purpose of Disbursement Catering for Fundraiser 007 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8321.69
<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 97 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Long Island Advance</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O. Box 780		Amount of Each Disbursement this Period 495.00 <b>Transaction ID : SB17.14559</b>
City Patchogue State NY Zip Code 11772	Purpose of Disbursement Journal Ad 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Long Island Advance</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address P.O. Box 780		Amount of Each Disbursement this Period 495.00 <b>Transaction ID : SB17.14841</b>
City Patchogue State NY Zip Code 11772	Purpose of Disbursement Full Page Ad 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Majority Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 135 Professional Drive Suite 104		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.14532</b>
City Ponte Vedra Beach State FL Zip Code 32082	Purpose of Disbursement Mail Pieces 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3490.00
<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 98 OF 123		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 294.87 <b>Transaction ID : SB17.14660</b>
City Kings Park	State NY Zip Code 11754	
Purpose of Disbursement Expense Reimbursement	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.14567</b>
City Kings Park	State NY Zip Code 11754	
Purpose of Disbursement Headquarters Coordinator	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 34.75 <b>Transaction ID : SB17.14588</b>
City Kings Park	State NY Zip Code 11754	
Purpose of Disbursement Expense Reimbursement	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1329.62
<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 99 OF 123		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 34.75
City Smithtown	State NY	Zip Code 11787
Purpose of Disbursement Lunch for Volunteers bought on 10/11/2014	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : SB17.14588.0	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 490.00
City Kings Park	State NY	Zip Code 11754
Purpose of Disbursement Expense Reimbursement	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : SB17.14845	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address Smithtown		Amount of Each Disbursement this Period 490.00
City Smithtown	State NY	Zip Code 11787
Purpose of Disbursement Stamps	Category/ Type 004	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : SB17.14845.0	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.00
<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 100 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 289.49 <b>Transaction ID : SB17.14821</b>
City Kings Park	State NY Zip Code 11754	
Purpose of Disbursement Expense Reimbursement	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 38.20 <b>Transaction ID : SB17.14821.1</b>
City Smithtown	State NY Zip Code 11787	
Purpose of Disbursement Lunch For Volunteers	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 39.60 <b>Transaction ID : SB17.14821.3</b>
City Smithtown	State NY Zip Code 11787	
Purpose of Disbursement Lunch For Volunteers	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	289.49
<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 101 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 30.40
City Smithtown	State NY	
Zip Code 11787	Purpose of Disbursement Lunch For Volunteers	Transaction ID : SB17.14821.4 <b>[MEMO ITEM]</b>
Candidate Name Zeldin For Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 60.75
City Smithtown	State NY	
Zip Code 11787	Purpose of Disbursement Lunch For Volunteers	Transaction ID : SB17.14821.5 <b>[MEMO ITEM]</b>
Candidate Name Zeldin For Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Nancy Marks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 4000.00
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Financial Consulting	Transaction ID : SB17.14552
Candidate Name Zeldin For Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 102 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Marie Masters</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6 Lark Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.15293</b>
City Centereach	State NY	
Purpose of Disbursement Volunteer Coordinator	001	Category/ Type
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Marie Masters</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 6 Lark Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.15291</b>
City Centereach	State NY	
Purpose of Disbursement Volunteer Coordinator	001	Category/ Type
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Gene Nally</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 107 San Juan Drive		Amount of Each Disbursement this Period 211.19 <b>Transaction ID : SB17.14600</b>
City Hauppauge	State NY	
Purpose of Disbursement Expense Reimbursement	001	Category/ Type
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1211.19
<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 103 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)  
**A. Nova List**

Mailing Address 13755 Sunrise Valley Dr  
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
List Rental & Maintenance

Candidate Name  
**Zeldin For Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 31 / 2014

Amount of Each Disbursement this Period  
5040.00

Transaction ID : SB17.15272

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**B. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Fundraising Consultant

Candidate Name  
**Zeldin For Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 24 / 2014

Amount of Each Disbursement this Period  
2000.00

Transaction ID : SB17.14536

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**C. PDQ Print and Mail Services**

Mailing Address P.O Box 245

City Bohemia State NY Zip Code 11716

Purpose of Disbursement  
Door Hangers

Candidate Name  
**Zeldin For Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 31 / 2014

Amount of Each Disbursement this Period  
9750.00

Transaction ID : SB17.14513

Category/Type  
006

**SUBTOTAL** of Disbursements This Page (optional)..... 16790.00

**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 104 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. PDQ Print and Mail Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address P.O Box 245		Amount of Each Disbursement this Period <b>7875.11</b> <b>Transaction ID : SB17.14514</b>
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print <b>006</b> Category/Type	
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. PDQ Print and Mail Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address P.O Box 245		Amount of Each Disbursement this Period <b>6737.25</b> <b>Transaction ID : SB17.15342</b>
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print <b>006</b> Category/Type	
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. PDQ Print and Mail Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address P.O Box 245		Amount of Each Disbursement this Period <b>12677.46</b> <b>Transaction ID : SB17.15347</b>
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print <b>006</b> Category/Type	
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>27289.82</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: (check only one)		PAGE 105 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	6983.37
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.15350</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	3516.63
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.15351</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Poland Spring</b>		M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O Box 856192		Amount of Each Disbursement this Period
City Louisville State KY Zip Code 40285	Purpose of Disbursement Water for the Office	94.66
Candidate Name Zeldin For Congress	Category/Type 001	<b>Transaction ID : SB17.14541</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10594.66
<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 106 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. PSEG Long Island</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address P.O. Box 888		Amount of Each Disbursement this Period 289.25 <b>Transaction ID : SB17.14893</b>
City Hicksville	State NY	
Zip Code 11802	Purpose of Disbursement Electric Bill 2014 General	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Riverhead Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 1428		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.14677</b>
City Riverhead	State NY	
Zip Code 11901	Purpose of Disbursement Rent for Riverhead Office	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Sisk Mailing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 1065.00 <b>Transaction ID : SB17.15285</b>
City Stevensville	State MD	
Zip Code 21666	Purpose of Disbursement 2014 General Expense---Printing and Mailshop	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1704.25
<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 107 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sisk Mailing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 7.47 <b>Transaction ID : SB17.15287</b>
City Stevensville State MD Zip Code 21666	Purpose of Disbursement 2014 General Expense--Shipping Expense 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Smithtown Messenger</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 127 E.Main St		Amount of Each Disbursement this Period 1270.00 <b>Transaction ID : SB17.14553</b>
City Smithtown State NY Zip Code 11787	Purpose of Disbursement Advertising-Newspaper Ads 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Southwest Publishing &amp; Mailing Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4000 SE Adams St		Amount of Each Disbursement this Period 4303.00 <b>Transaction ID : SB17.15288</b>
City Topeka State KS Zip Code 66609	Purpose of Disbursement 2014 General Expense---Printing and Mailshop 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5580.47
<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 108 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 780.13 <b>Transaction ID : SB17.15346</b>
City San Francisco State CA Zip Code 94103	Purpose of Disbursement Credit Card Fees on donations 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Staples Stony Brook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2100 Nesconset Highway		Amount of Each Disbursement this Period 121.35 <b>Transaction ID : SB17.14702</b>
City Stony Brook State NY Zip Code 11790	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. The East Hampton Star</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address P.O. Box 5002		Amount of Each Disbursement this Period 1240.00 <b>Transaction ID : SB17.14523</b>
City E.Hampton State NY Zip Code 11937	Purpose of Disbursement Advertising-Newspaper Ads 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2141.48
<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 109 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dominick Thorne</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>27 East 4th Street</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB17.14566</b>
City <b>Patchogue</b> State <b>NY</b> Zip Code <b>11772</b>	Purpose of Disbursement <b>Headquarters Coordinator</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. Times Beacon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>P.O. Box 707</b>		Amount of Each Disbursement this Period <b>1075.00</b> <b>Transaction ID : SB17.14544</b>
City <b>Setauket</b> State <b>NY</b> Zip Code <b>11733</b>	Purpose of Disbursement <b>Advertising-Newspaper Ads</b> Category/Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>c. Times Review News Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>7785 Main Rd P.O. Box 1500</b>		Amount of Each Disbursement this Period <b>1110.00</b> <b>Transaction ID : SB17.14546</b>
City <b>Mattituck</b> State <b>NY</b> Zip Code <b>11952</b>	Purpose of Disbursement <b>Advertising-Newspaper Ads</b> Category/Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3185.00</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: (check only one)	PAGE 110 OF 123			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tri-State Envelope Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>Box 443</b>		Amount of Each Disbursement this Period <b>1828.29</b> <b>Transaction ID : SB17.15270</b>
City <b>Beltsville</b> State <b>MD</b> Zip Code <b>20704</b>	Purpose of Disbursement <b>2014 General Expense---Printing and Mailing</b> Category/Type <b>007</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>800 Montauk Highway</b>		Amount of Each Disbursement this Period <b>980.00</b> <b>Transaction ID : SB17.15343</b>
City <b>Shirley</b> State <b>NY</b> Zip Code <b>11967</b>	Purpose of Disbursement <b>Postage stamps for mailing</b> Category/Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>800 Montauk Highway</b>		Amount of Each Disbursement this Period <b>980.00</b> <b>Transaction ID : SB17.15344</b>
City <b>Shirley</b> State <b>NY</b> Zip Code <b>11967</b>	Purpose of Disbursement <b>Postage stamps for mailing</b> Category/Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3788.29</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: (check only one)		PAGE 111 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 48.00 <b>Transaction ID : SB17.14697</b>
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Opened a new P.O. Box	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : SB17.14700</b>
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Stamps	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : SB17.14701</b>
City Shirley	State NY	
Zip Code 11967	Purpose of Disbursement Stamps	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	587.00
<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 112 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 20130 Lakeview Center Plaza		Amount of Each Disbursement this Period 11215.74 <b>Transaction ID : SB17.15283</b>
City Ashburn State VA Zip Code 20147	Purpose of Disbursement 2014 General Expense--Postage & Delivery Category/Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 20130 Lakeview Center Plaza		Amount of Each Disbursement this Period 45.88 <b>Transaction ID : SB17.15284</b>
City Ashburn State VA Zip Code 20147	Purpose of Disbursement 2014 General Expense--Shipping Expense Category/Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 74.99 <b>Transaction ID : SB17.14526</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone Bill Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11336.61
<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 113 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 47.49 <b>Transaction ID : SB17.14529</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 571.96 <b>Transaction ID : SB17.14530</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phones 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 630.52 <b>Transaction ID : SB17.14894</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone Bills 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1249.97
<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 114 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 90.35 <b>Transaction ID : SB17.14723</b>
City State Zip Code Centereach NY 11720	Purpose of Disbursement Lunch for Volunteers 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Waldbaums</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 245 New York 25A		Amount of Each Disbursement this Period 799.18 <b>Transaction ID : SB17.14705</b>
City State Zip Code Rocky Point NY 11778	Purpose of Disbursement Election Day Food for Volunteers 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Washington Intelligence Bureau</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 2845.76 <b>Transaction ID : SB17.15273</b>
City State Zip Code Chantilly VA 20151	Purpose of Disbursement Caging and Escrow 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3735.29
<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 115 OF 123	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Washington Intelligence Bureau</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 36.32 <b>Transaction ID : SB17.15274</b>
City Chantilly State VA Zip Code 20151	Purpose of Disbursement Shipping Expense 007 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. WLNG</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 1498.00 <b>Transaction ID : SB17.14517</b>
City Sag Harbor State NY Zip Code 11963	Purpose of Disbursement Commercial Ad 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>C. WRIV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O. Box 1390		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.14539</b>
City Riverhead State NY Zip Code 11901	Purpose of Disbursement Air Time 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1814.32
<b>TOTAL</b> This Period (last page this line number only).....	422845.57

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 116 OF 123
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate--Data Capture--Vets/ITB
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15309</b>	
Amount Incurred This Period 1261.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 1261.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate---Survey Capture
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15315</b>	
Amount Incurred This Period 1066.42	Payment This Period 0.00	Outstanding Balance at Close of This Period 1066.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate---Trump Call
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15314</b>	
Amount Incurred This Period 1946.68	Payment This Period 0.00	Outstanding Balance at Close of This Period 1946.68

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	4274.54
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 117 OF 123
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate---Volunteer Calls/Romney Call/McCain Call/GOTV
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15307</b>	
Amount Incurred This Period 16347.06	Payment This Period 0.00	Outstanding Balance at Close of This Period 16347.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Terry Allen</b>	Nature of Debt (Purpose): Travel Reimbursement Expenses
Mailing Address 9911 Coley Drive	
City State Zip Code Huntersville NC 28078	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15336</b>	
Amount Incurred This Period 822.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 822.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Eric Amidon</b>	Nature of Debt (Purpose): Paid Expenses for Gas Cards
Mailing Address 7 Meadowgrass Lane	
City State Zip Code Southampton NY 11968	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15328</b>	
Amount Incurred This Period 600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	17770.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 123
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Brabender Cox LLC</b>	Nature of Debt (Purpose): Digital Media
Mailing Address 1218 Grandview Avenue	
City State Zip Code Pittsburgh PA 15211	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15329</b>	
Amount Incurred This Period 7512.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 7512.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jennifer Disiena</b>	Nature of Debt (Purpose): Cell Phone Bill--Train Tickets
Mailing Address 22 Pine Dr	
City State Zip Code Woodbury NY 11797	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15335</b>	
Amount Incurred This Period 141.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 141.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>James Emanuele</b>	Nature of Debt (Purpose): Drivers
Mailing Address 207 Gibbs Pond Road	
City State Zip Code Nesconset NY 11767	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15338</b>	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	9154.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 123
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HSP Direct</b>	Nature of Debt (Purpose): Estimate---Direct Mail
Mailing Address 13755 Sunrise Valley Dr Suite 450	
City State Zip Code Herndon VA 20171	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15337</b>	
Amount Incurred This Period 13026.16	Payment This Period 0.00	Outstanding Balance at Close of This Period 13026.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>JPA Studio</b>	Nature of Debt (Purpose): Photography Services
Mailing Address 48 Birchwood Rd	
City State Zip Code Coram NY 11727	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15318</b>	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies</b>	Nature of Debt (Purpose): Zeldin Doorhanger Design
Mailing Address 135 Professional Drive Suite 104	
City State Zip Code Ponte Vedra Beach FL 32082	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15306</b>	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	15776.16
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Nancy Marks</b>	Nature of Debt (Purpose): Hotel Accomodations Reimbursement
Mailing Address 47 Flintlock Drive	
City State Zip Code Shirley NY 11967	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15334</b>	
Amount Incurred This Period 370.14	Payment This Period 0.00	Outstanding Balance at Close of This Period 370.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McLaughlin &amp; Associates Inc</b>	Nature of Debt (Purpose): Polling Consultants/Surveys
Mailing Address 566 South Route 303	
City State Zip Code Blauvelt NY 10913	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15322</b>	
Amount Incurred This Period 13413.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13413.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McLaughlin &amp; Associates Inc</b>	Nature of Debt (Purpose): Estimate--Survey/Interviews
Mailing Address 566 South Route 303	
City State Zip Code Blauvelt NY 10913	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15323</b>	
Amount Incurred This Period 9427.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9427.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	23210.14
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 123
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>North Fork Express</b>	Nature of Debt (Purpose): Campaign Bus used for Volunteers and guests for Fundraisers
Mailing Address 14 Hawkins Ave	
City State Zip Code Ronkonkoma NY 11779	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15320</b>	
Amount Incurred This Period 1996.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1996.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oorbeek Morehouse Strategies, LLC</b>	Nature of Debt (Purpose): Expenses For Fundraisers
Mailing Address 5614 Garnetts Farm Drive	
City State Zip Code Haymarket VA 20169	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15319</b>	
Amount Incurred This Period 1920.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 1920.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oorbeek Morehouse Strategies, LLC</b>	Nature of Debt (Purpose): Washington Fundraising Consultant
Mailing Address 5614 Garnetts Farm Drive	
City State Zip Code Haymarket VA 20169	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15327</b>	
Amount Incurred This Period 4000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7916.89
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PDQ Print and Mail Services</b>	Nature of Debt (Purpose): Campaign poster double sided
Mailing Address P.O Box 245	
City State Zip Code Bohemia NY 11716	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15294</b>	
Amount Incurred This Period 375.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 375.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Riverhead Town Republican Committee</b>	Nature of Debt (Purpose): Last Months Rent
Mailing Address 47 Further Lane	
City State Zip Code Riverhead NY 11901	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15326</b>	
Amount Incurred This Period 350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 350.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jim Soviero</b>	Nature of Debt (Purpose): Driver
Mailing Address 24 Gaul Rd S	
City State Zip Code E.Setauket NY 11733	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15340</b>	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1475.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Advance Service LLC</b>		Nature of Debt (Purpose): Security for Boehner Fundraiser
Mailing Address 611 Pennsylvania Ave SE #267		
City	State	Zip Code
Washington	DC	20003

Outstanding Balance Beginning This Period	Transaction ID : SD10.15311	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Advance Service LLC</b>		Nature of Debt (Purpose): Fundraiser with Boehner
Mailing Address 611 Pennsylvania Ave SE #267		
City	State	Zip Code
Washington	DC	20003

Outstanding Balance Beginning This Period	Transaction ID : SD10.15310	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Polling Company</b>		Nature of Debt (Purpose): Polling Consultant
Mailing Address 1220 Connecticut Ave NW		
City	State	Zip Code
Washington	DC	20036

Outstanding Balance Beginning This Period	Transaction ID : SD10.15312	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="13000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="92576.83"/>
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="92576.83"/>