

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
Blakeman 2014 Inc.

ADDRESS (number and street) 108 S. Franklin Avenue
Suite 1
 Check if different than previously reported. (ACC) Valley Stream NY 11580

2. **FEC IDENTIFICATION NUMBER** C C00558189 CITY STATE ZIP CODE
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT
NY 04

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 11 / 04 / 2014 in the State of NY
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 Vincent DeVito
Signature of Treasurer Vincent DeVito [Electronically Filed] Date 02 / 18 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Blakeman 2014 Inc.

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))....	62059.12	606314.12
(b) Total Contribution Refunds (from Line 20(d))	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61859.12	606114.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	252596.89	1084344.25
(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)).....	252596.89	1084344.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	196769.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	675000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Blakeman 2014 Inc.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48325.12	532675.12
(ii) Unitemized.....	3784.00	46689.00
(iii) TOTAL of contributions from individuals ▶	52109.12	579364.12
(b) Political Party Committees.....	8000.00	8500.00
(c) Other Political Committees (such as PACs).....	1950.00	18450.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	62059.12	606314.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	700000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	700000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	62059.12	1306314.12

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	252596.89	1084344.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	25000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	252796.89	1109544.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	387507.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	62059.12
25. SUBTOTAL (add Line 23 and Line 24).....	449566.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	252796.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	196769.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Peter Alizio

Mailing Address 1 The Hollows

City Muttontown State NY Zip Code 11732

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

Name of Employer Alizio & Galfunt 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 / 06 / 2014

Transaction ID : SA11AI.7580

Amount of Each Receipt this Period
500.00

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

Mailing Address 142 Oceanview Rd

City East Rockaway State NY Zip Code 11518

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

Name of Employer Requested Occupation Requested

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 / 15 / 2014

Transaction ID : SA11AI.7566

Amount of Each Receipt this Period
300.00

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

Mailing Address 33 Nassau Avenue

City Malverne State NY Zip Code 11565

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

Name of Employer Deca Development II LLC Occupation Project Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.7536

Amount of Each Receipt this Period
250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Roger Bahnik

Mailing Address 190 Pine Hollow Road

City Oyster Bay State NY Zip Code 11771

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

Name of Employer Mill Max Manufacturing Corp. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SA11AI.7605

Amount of Each Receipt this Period
2600.00

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

Mailing Address 35 Portman Road

City New Rochelle State NY Zip Code 10801

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

Name of Employer Bergassi Group, LLC Occupation 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 Y
 10 / 07 / 2014

Transaction ID : SA11AI.7593

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4 Times Square, 44th Flr.

City New York State NY Zip Code 10036

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

Name of Employer Skadden Arps, Et Al. Occupation 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 Y
 10 / 09 / 2014

Transaction ID : SA11AI.7531

Amount of Each Receipt this Period
250.00

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 7 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Salvatore Biscula

Mailing Address 8 Cedarcrest Drive

City State Zip Code
Dix Hills NY 11746

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

Name of Employer Occupation
Deca Development Project Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.7538

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jan 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
The Engel Burman Group Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.7587

Amount of Each Receipt this Period
500.00

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

Mailing Address 817 Fifth Avenue

City State Zip Code
New York NY 11065

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

Name of Employer Occupation
Red Apple Group CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2014

Transaction ID : SA11AI.7606

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Mary Jane Ciotti

Mailing Address 1323 Barry Drive

City State Zip Code
Valley Stream NY 11580

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

Name of Employer Occupation
Parish in Garden City, NY Church Secretary

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7523

Amount of Each Receipt this Period
200.00

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

Mailing Address 120 Arthur Street

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Neurologic Surgery, PC Neurosurgeon

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 / 06 / 2014

Transaction ID : SA11AI.7547

Amount of Each Receipt this Period
250.00

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

Mailing Address 22 Range Drive

City State Zip Code
Merrick NY 11566

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

Name of Employer Occupation
Whitmore Group President

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 / 11 / 2014

Transaction ID : SA11AI.7576

Amount of Each Receipt this Period
500.00

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

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

950.00

**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 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Anthony D'Esposito

Mailing Address 41 Roosevelt Place

City State Zip Code
Island Park NY 11558

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

Name of Employer Occupation
Nassau County PD Detective

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 / 15 / 2014

Transaction ID : SA11AI.7564

Amount of Each Receipt this Period
250.00

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

Mailing Address 3853 New York Avenue

City State Zip Code
Seaford NY 11783

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

Name of Employer Occupation
Access 7 Services Therapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.7591

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3853 New York Avenue

City State Zip Code
Seaford NY 11783

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

Name of Employer Occupation
Access 7 Services Therapist

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 / 07 / 2014

Transaction ID : SA11AI.7599

Amount of Each Receipt this Period
1500.00

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 10 OF 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Joseph Epifania

Mailing Address 46 Bethany Drive

City State Zip Code
Commack NY 11725

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

Name of Employer Occupation
Nelson & Pope Engineer

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 / 07 / 2014

Transaction ID : SA11AI.7572

Amount of Each Receipt this Period
500.00

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

Mailing Address 108 S. Franklin Avenue

City State Zip Code
Valley Stream NY 11580

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11AI.7532

Amount of Each Receipt this Period
250.00

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

Mailing Address 948 Cathedral Avenue

City State Zip Code
Franklin Square NY 11010

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

Name of Employer Occupation
The Whitmore Group Insurance

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 / 11 / 2014

Transaction ID : SA11AI.7574

Amount of Each Receipt this Period
500.00

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 11 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
GEORGE FOX

Mailing Address **7 WHITE DEER COURT**

City **HUNTINGTON** State **NY** Zip Code **11743**

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

Name of Employer **Fedicare, MD** Occupation **Ex. Director**

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 / 08 / 2014

Transaction ID : SA11AI.7582

Amount of Each Receipt this Period
500.00

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

Mailing Address **3000 MARCUS AVENUE, SUITE 2E1**

City **LAKE SUCCESS** State **NY** Zip Code **11042**

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

Name of Employer **Russell Friedman & Assoc.** Occupation **Attorney**

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 / 06 / 2014

Transaction ID : SA11AI.7608

Amount of Each Receipt this Period
2600.00

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

Mailing Address **129 West Creek Farms Road**

City **Sands Point** State **NY** Zip Code **11050**

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

Name of Employer **Gabrielli Truck Sales** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11AI.7590

Amount of Each Receipt this Period
900.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Joseph Henshaw

Mailing Address 31 Cherry Lane

City Lynbrook State NY Zip Code 11563

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

Name of Employer Town of Hempstead Occupation Compliance Counsler

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11A1.7448

Amount of Each Receipt this Period
50.00

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

Mailing Address 90 Wheatley Road

City Old Westbury State NY Zip Code 11568

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

Name of Employer P & F Industried, Inc. Occupation Chairman/CEO

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 / 13 / 2014

Transaction ID : SA11A1.7595

Amount of Each Receipt this Period
1000.00

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

Mailing Address 188 E. Maujer Street

City Valley Stream State NY Zip Code 11580

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

Name of Employer Buffalo Pain & Healing Occupation Physician

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 / 09 / 2014

Transaction ID : SA11A1.7613

Amount of Each Receipt this Period
2600.00

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

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

3650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 38
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Bernard Hsu		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 188 E. Maujer Street		Transaction ID : SA11AI.7674
City Valley Stream	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Buffalo Pain & Healing	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) B. Katherine Hsu		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 188 E. Maujer Street		Transaction ID : SA11AI.7611
City Valley Stream	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MTA/New York City Transit	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. Katherine Hsu		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 188 E. Maujer Street		Transaction ID : SA11AI.7675
City Valley Stream	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer MTA/New York City Transit	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	7400.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 38

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Randolph Johnson

Mailing Address 9 Meudon Drive

City State Zip Code
 Locust Valley NY 11560

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

Name of Employer Requested Occupation Requested

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 / 07 / 2014

Transaction ID : SA11AI.7597

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 23 Birch Hill Road

City State Zip Code
 Great Neck NY 11020

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

Name of Employer Requested Occupation Requested
 Anthony D. Capetola Lawyer

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 / 07 / 2014

Transaction ID : SA11AI.7534

Amount of Each Receipt this Period
 250.00

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

Mailing Address 639 Euclid Avenue

City State Zip Code
 W. Hempstead NY 11552

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

Name of Employer Requested Occupation Requested

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 / 10 / 2014

Transaction ID : SA11AI.7512

Amount of Each Receipt this Period
 100.00

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 15 OF 38
	<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)
Blakeman 2014 Inc.

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

Mailing Address **232 CLEFT ROAD**

City **MILL NECK** State **NY** Zip Code **11765**

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

Name of Employer Requested _____ Occupation **Hedge Fund/Investor**

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 / 03 / 2014

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period
500.00

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

Mailing Address **16 Fonda Road**

City **Rockville Centre** State **NY** Zip Code **11570**

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

Name of Employer **Nassau Community College** Occupation **Dean**

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 / 06 / 2014

Transaction ID : SA11AI.7549

Amount of Each Receipt this Period
250.00

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

Mailing Address **67 Clinton Road**

City **Garden City** State **NY** Zip Code **11530**

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

Name of Employer **The Engel Burman Group** Occupation **Real Estate Developer**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7588

Amount of Each Receipt this Period
500.00

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 16 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Linda Kule

Mailing Address 1876 Leonard Lane

City Merrick State NY Zip Code 11566

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

Name of Employer Law Office of Anthony A. Capet Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11AI.7539

Amount of Each Receipt this Period
250.00

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

Mailing Address 375 Park Avenue

City New York State NY Zip Code 10152

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

Name of Employer Intermed Occupation Businessman

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 / 09 / 2014

Transaction ID : SA11AI.7603

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2084 Edge Road

City Muttontown State NY Zip Code 11791

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

Name of Employer Leventhal & Co., CPAs Occupation CPA

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 / 06 / 2014

Transaction ID : SA11AI.7551

Amount of Each Receipt this Period
250.00

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

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

3100.00

**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 38
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Jane Lewit		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 2120 Harbourside Drive		Transaction ID : SA11AI.7563
City Longboat Key	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	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. Hulis Mavruk		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 164 E. Sunrise Highway		Transaction ID : SA11AI.7598
City Valley Stream	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer HSM Real Estate	Occupation Businessman	
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) C. Michael McGinty		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 416 Long Beach Road		Transaction ID : SA11AI.7451
City Island Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 400.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Michael McMurray

Mailing Address 6 Carolyn Court

City State Zip Code
Amityville NY 11701

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

Name of Employer Occupation
UBS VP UBS Finser

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 / 07 / 2014

Transaction ID : SA11A1.7541

Amount of Each Receipt this Period
250.00

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

Mailing Address 94 Tyler Street

City State Zip Code
Freeport NY 11520

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

Name of Employer Occupation
Requested Requested

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 / 15 / 2014

Transaction ID : SA11A1.7518

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 321

City State Zip Code
Riverhead NY 11901

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

Name of Employer Occupation
Daniel J. Murphy, Esq. (Self) 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 / 01 / 2014

Transaction ID : SA11A1.7543

Amount of Each Receipt this Period
250.00

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 19 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Michele Olsen

Mailing Address 3177 Wynsum Avenue

City Merrick State NY Zip Code 11566

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

Name of Employer Taub Hametz & Waldman PLLC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11AI.7559

Amount of Each Receipt this Period
250.00

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

Mailing Address 348 Pepperidge Rd.

City Hewlett Harbor State NY Zip Code 11557

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

Name of Employer United Lawyers Service, Inc. Occupation Legal Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

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

Transaction ID : SA11AI.7609

Amount of Each Receipt this Period
2600.00

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

Mailing Address 15 Robert Drive

City Chatham State NJ Zip Code 07928

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

Name of Employer No. Hudson Sewerage Authority Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.7553

Amount of Each Receipt this Period
250.00

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

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

3100.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7609

Please note, a \$200 refund has been issued to Mark Plumer and is reflected in disbursements.

Form/Schedule:

Transaction ID:

**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 38
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Leonard Ridini		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 15 Perry Court		Transaction ID : SA11A1.7561
City Syosset	State NY	Zip Code 11791
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	
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. Pamela Robb-Melius		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 135 West Gate Drive		Transaction ID : SA11A1.7601
City Huntington	State NY	Zip Code 11743
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Gary Rodolitz		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 92 Neptune Avenue		Transaction ID : SA11A1.7682
City Woodmere	State NY	Zip Code 11598
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1687.56
Name of Employer Requested	Occupation Requested	In-kind - event hosting
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2187.56	

SUBTOTAL of Receipts This Page (optional).....	4437.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Lisa Rodolitz

Mailing Address 92 Neptune Avenue

City Woodmere State NY Zip Code 11598

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

Name of Employer None Occupation Marketing and Public Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1687.56

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.7686

Amount of Each Receipt this Period
1687.56

In-kind - event hosting

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

Mailing Address 2220 Chestnut Avenue

City Ronkonkoma State NY Zip Code 11779

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

Name of Employer Requested Occupation Requested

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 / 11 / 2014

Transaction ID : SA11AI.7570

Amount of Each Receipt this Period
400.00

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

Mailing Address 363 Rice Center

City Garden City State NY Zip Code 11530

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

Name of Employer Requested Occupation Requested

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 / 06 / 2014

Transaction ID : SA11AI.7555

Amount of Each Receipt this Period
250.00

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

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

2337.56

**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 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Jennifer Schenker

Mailing Address 15 Hill and Tree Court

City State Zip Code
Melville NY 11747

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

Name of Employer Requested Occupation Requested

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 / 07 / 2014

Transaction ID : SA11AI.7557

Amount of Each Receipt this Period
250.00

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

Mailing Address 686 6TH PLACE SOUTH

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Requested Occupation Requested

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 / 10 / 2014

Transaction ID : SA11AI.7568

Amount of Each Receipt this Period
350.00

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

Mailing Address 8 Deep Wells Lane

City State Zip Code
Head of Harbor NY 11780

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

Name of Employer Requested Occupation Requested

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 / 11 / 2014

Transaction ID : SA11AI.7584

Amount of Each Receipt this Period
500.00

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 24 OF 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Edward Torossian

Mailing Address 1088 Lloyd Street

City State Zip Code
Franklin Square NY 11010

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

Name of Employer Requested Occupation Requested

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 / 06 / 2014

Transaction ID : SA11AI.7545

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
E. David Woycik, Jr.

Mailing Address 29 Locust Street

City State Zip Code
Garden City NY 11530

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

Name of Employer Requested Occupation Requested

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 / 11 / 2014

Transaction ID : SA11AI.7586

Amount of Each Receipt this Period
500.00

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 Occupation Requested

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).....

750.00

48325.12

**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 38
	<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 VINCENNES ROAD
PO BOX 68700

City INDIANAPOLIS State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

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 / 09 / 2014

Transaction ID : SA11B.7651

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK REPUBLICAN FEDERAL CAMPAIGN COMMITTEE

Mailing Address 315 STATE STREET

City ALBANY State NY Zip Code 12210

FEC ID number of contributing federal political committee. **C** C00055582

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 Y Y
 10 / 14 / 2014

Transaction ID : SA11B.7667

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
PETE KING FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1428

City SEAFORD State NY Zip Code 11783

FEC ID number of contributing federal political committee. **C** C00272211

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11B.7653

Amount of Each Receipt this Period
2000.00

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

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

8000.00

8000.00

**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 38
<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)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
CHROMALLOY GAS TURBINE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **300 BLAISDELL ROAD**

City **ORANGEBURG** State **NY** Zip Code **10962**

FEC ID number of contributing federal political committee. **C C00235911**

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		15		2014

Transaction ID : SA11C.7655

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Island Park-Lido-Point Lookout Republican Club

Mailing Address **41 Roosevelt Place**

City **Island Park** State **NY** Zip Code **11558**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2014

Transaction ID : SA11C.7660

Amount of Each Receipt this Period

800.00

C. Full Name (Last, First, Middle Initial)
Stewart Manor Fire Department

Mailing Address **120 Covert Ave.**

City **Stewart Manor** State **NY** Zip Code **11530**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2014

Transaction ID : SA11C.7658

Amount of Each Receipt this Period

150.00

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

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

1950.00
1950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 38	
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. American Express AXP Discount		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 432.12 Transaction ID : SB17.7632
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant fee	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:

Full Name (Last, First, Middle Initial) B. BKCD Processing		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 515 Broadhollow Road		Amount of Each Disbursement this Period 338.49 Transaction ID : SB17.7623
City Mellville	State NY	
Zip Code 11747	Purpose of Disbursement Credit card services fee	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:

Full Name (Last, First, Middle Initial) c. Coral House		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 70 Milburn Avenue		Amount of Each Disbursement this Period 3868.05 Transaction ID : SB17.7631
City Baldwin	State NY	
Zip Code 11510	Purpose of Disbursement Fundraiser 10/5	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:

SUBTOTAL of Disbursements This Page (optional).....	4352.12
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 28 OF 38			
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Judith Czak		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 3000.00
City Valley Stream	State NY	
Zip Code 11580	Purpose of Disbursement Administrative Consulting - September	Transaction ID : SB17.7617
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) B. Judith Czak		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 954.81
City Valley Stream	State NY	
Zip Code 11580	Purpose of Disbursement Reimbursement for purchase of computer & program	Transaction ID : SB17.7635
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) c. Garden City Country Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 206 Stewart Avenue		Amount of Each Disbursement this Period 4032.64
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Demille/Lucci Fundraiser	Transaction ID : SB17.7643
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	7987.45
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 29 OF 38		
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Peyton Hillis		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1925 Giants Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7679
City East Rutherford	State NJ	
Zip Code 07073	Purpose of Disbursement Event fees	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:	

Full Name (Last, First, Middle Initial) B. Henry Hynoski		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1925 Giants Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7677
City East Rutherford	State NJ	
Zip Code 07073	Purpose of Disbursement Event fees	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:	

Full Name (Last, First, Middle Initial) c. John McLaughlin & Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.7626
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement TV ads	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:	

SUBTOTAL of Disbursements This Page (optional).....	121000.00
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 30 OF 38		
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. John McLaughlin Media Acct		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 100000.00 Transaction ID : SB17.7647
City Blauvelt State NY Zip Code 10913	Purpose of Disbursement TV ads	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. Joint Republican Headquarters		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 721 Franklin Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7621
City Franklin Square State NY Zip Code 11010	Purpose of Disbursement October rent	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) c. LMN Printing Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 21 West Merrick Road		Amount of Each Disbursement this Period 4920.06 Transaction ID : SB17.7646
City Valley Stream State NY Zip Code 11580	Purpose of Disbursement Printing - palm cards/posters	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	105420.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 38		
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Gerlad Marino		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 707 Virginia Ave.		Amount of Each Disbursement this Period 1252.04
City No. Bellmore	State NY	
Zip Code 11710	Purpose of Disbursement Reimbursement for printing of fundraiser tickets	Transaction ID : SB17.7619
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. Gerlad Marino		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 707 Virginia Ave.		Amount of Each Disbursement this Period 52.57
City No. Bellmore	State NY	
Zip Code 11710	Purpose of Disbursement Office Supplies	Transaction ID : SB17.7644
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) c. New York State Conservative Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 486 78th Street		Amount of Each Disbursement this Period 500.00
City Ft. Hamilton Station	State NY	
Zip Code 11209	Purpose of Disbursement Dinner ticket	Transaction ID : SB17.7620
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1804.61
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 32 OF 38	
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Peninsula Partners		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 152 Madison Avenue		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.7634
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Political Consulting	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Proteus Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 132 Lafayette Pl.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.7636
City Woodmere	State NY	
Zip Code 11598	Purpose of Disbursement Management Consulting - September	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Queens Jewish Link		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 147-24 69th Road		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.7625
City Flushing	State NY	
Zip Code 11367	Purpose of Disbursement 1/2 page color ad	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7550.00
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 33 OF 38		
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Gary Rodolitz		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 92 Neptune Avenue		Amount of Each Disbursement this Period 1687.56 Transaction ID : SB17.7684
City Woodmere	State NY	
Zip Code 11598	Purpose of Disbursement In-kind - event hosting	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:	

Full Name (Last, First, Middle Initial) B. Lisa Rodolitz		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 92 Neptune Avenue		Amount of Each Disbursement this Period 1687.56 Transaction ID : SB17.7687
City Woodmere	State NY	
Zip Code 11598	Purpose of Disbursement In-kind - event hosting	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:	

Full Name (Last, First, Middle Initial) c. TD Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.7627
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Bank Fees	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:	

SUBTOTAL of Disbursements This Page (optional).....	3400.12
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 34 OF 38			
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. TD Bank		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		03		2014
M M	/	D D	/	Y Y Y Y								
10		03		2014								
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00			
City	State	Zip Code										
Garden City	NY	11530										
500.00												
Purpose of Disbursement Returned ck for insufficient funds (Maria Aramanda, ck #309 dated 9/30)		Transaction ID : SB17.7629										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input 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: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. TD Bank		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		03		2014
M M	/	D D	/	Y Y Y Y								
10		03		2014								
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00			
City	State	Zip Code										
Garden City	NY	11530										
20.00												
Purpose of Disbursement Bank Fees		Transaction ID : SB17.7630										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input 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: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. TD Bank		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		14		2014
M M	/	D D	/	Y Y Y Y								
10		14		2014								
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00			
City	State	Zip Code										
Garden City	NY	11530										
25.00												
Purpose of Disbursement Bank Fees		Transaction ID : SB17.7648										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input 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: District:												

SUBTOTAL of Disbursements This Page (optional).....	545.00
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 35 OF 38		
	<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)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. UJA Federation of NY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 130 East 59 Street		Amount of Each Disbursement this Period 300.00
City New York	State NY	
Zip Code 10022	Purpose of Disbursement T2 Dinner tickets	Transaction ID : SB17.7616
Candidate Name	Category/ Type	
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:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	252359.36

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Transaction ID : **SC/10.4099**

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

Bruce Blakeman

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
770 Shore Road
Unit A

City State ZIP Code
Long Beach NY 11561

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 25000.00 75000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 04 / Y 2014 M M / D D / Y Demand 3.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 75000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Transaction ID : **SC/10.4101**

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

Bruce Blakeman

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
770 Shore Road
Unit A

City State ZIP Code
Long Beach NY 11561

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 28 / Y 2014 M M / D D / Y Y Y Y Demand 3.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Transaction ID : **SC/10.5301**

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

Bruce Blakeman

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
770 Shore Road
Unit A

City State ZIP Code
Long Beach NY 11561

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500000.00 0.00 500000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2014 M M / D D / Y Y Y Y Demand 3.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 500000.00
TOTALS This Period (last page in this line only)..... ▶ 675000.00

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