

# 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 ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 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

M M / D D / Y Y Y Y  
06 / 18 / 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  
**Blakeman 2014 Inc.**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 114200.00               | 114200.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                           | 114200.00               | 114200.00                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 637.41                  | 637.41                             |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 637.41                  | 637.41                             |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 313562.59               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 200000.00               |                                    |

**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<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:   |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 113700.00                     | 113700.00                          |
| (ii) Unitemized.....   | 500.00                        | 500.00                             |
| (iii) TOTAL of contributions from individuals ▶  | 114200.00                     | 114200.00                          |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                               |
| (d) The Candidate.....   | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 114200.00                     | 114200.00                          |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....   |                               |                                    |
|  | 0.00                          | 0.00                               |
| 13. LOANS:   |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....   | 200000.00                     | 200000.00                          |
| (b) All Other Loans.....   | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 200000.00                     | 200000.00                          |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                                       |                               |                                    |
|  | 0.00                          | 0.00                               |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....  |                               |                                    |
|  | 0.00                          | 0.00                               |
| 16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 314200.00                     | 314200.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 637.41                        | 637.41                             |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 637.41                        | 637.41                             |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00      |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 314200.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 314200.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 637.41    |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 313562.59 |

**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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 30 Ridgewood Street

City State Zip Code  
N. Valley Stream NY 11580

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

Name of Employer Occupation  
Lock Law Attorney

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7850 E. Camelback Rd. Unit 308

City State Zip Code  
Scottsdale AZ 85251

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

Name of Employer Occupation  
Housewife Housewife

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  
 03 / 12 / 2014

**Transaction ID : SA11AI.4132**

Amount of Each Receipt this Period  
500.00

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

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4602**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

**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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

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 Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4604**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 34 Hiddenbrook

City State Zip Code  
No. Barrington IL 60010

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4554**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 34 Hiddenbrook

City State Zip Code  
No. Barrington IL 60010

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4555**

Amount of Each Receipt this Period  
2400.00

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

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

7400.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>Terry Brown</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 24 / 2014 |
| Mailing Address 34 Hiddenbrook  |   | <b>Transaction ID : SA11AI.4571</b>                          |
| City<br>No. Barrington  | State<br>IL                                   | Zip Code<br>60010  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>2600.00 |  |
| Name of Employer<br>TNB Financial   | Occupation<br>Self Employed                   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>Terry Brown</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 24 / 2014 |
| Mailing Address 34 Hiddenbrook  |   | <b>Transaction ID : SA11AI.4572</b>                          |
| City<br>No. Barrington  | State<br>IL                                   | Zip Code<br>60010  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>2400.00 |  |
| Name of Employer<br>TNB Financial   | Occupation<br>Self Employed                   |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>Jan Burman</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 67 Clinton Road   |   | <b>Transaction ID : SA11AI.4191</b>                          |
| City<br>Garden City   | State<br>NY                                   | Zip Code<br>11530  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>2600.00 |  |
| Name of Employer<br>The Engel Burman Group  | Occupation<br>Real Estate                     |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00             |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7600.00 |
| <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 8 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 123 Eastman Estates

City Rochester State NY Zip Code 14622

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

Name of Employer Self Occupation Podiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4152**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 25 Canterbury Road

City Livingston State NJ Zip Code 07039

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

Name of Employer New England Motor Freight Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 25 Canterbury Road

City Livingston State NJ Zip Code 07039

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

Name of Employer New England Motor Freight Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4574**

Amount of Each Receipt this Period  
 2600.00

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

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

6200.00



**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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Joseph Comfort Jr.</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2014 |
| Mailing Address 6 Turret Ct.  |                                  | <b>Transaction ID : SA11AI.4154</b>                      |
| City<br>Webster   | State<br>NY                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00             |
| Name of Employer<br>King Graphic Communications   | Occupation<br>King               |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Robert Elenowitz</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2014 |
| Mailing Address 47 Valley Rd.   |                                  | <b>Transaction ID : SA11AI.4160</b>                      |
| City<br>Old Westbury  | State<br>NY                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00             |
| Name of Employer<br>Requested   | Occupation<br>Importer           |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Robert Fagenson</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2014 |
| Mailing Address 535 E 86th St   |                                   | <b>Transaction ID : SA11AI.4142</b>                      |
| City<br>New York  | State<br>NY                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2000.00            |
| Name of Employer<br>National Holdings/National Sec  | Occupation<br>Executive Chairman  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000.00 |  |

|   |         |
|---|---------|
| <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: (check only one)  | PAGE 10 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 29 Olde Hamlet Drive

City Jericho State NY Zip Code 11753

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

Name of Employer Max Finkelstein, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4575**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 29 Olde Hamlet Drive

City Jericho State NY Zip Code 11753

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

Name of Employer Max Finkelstein, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4576**

Amount of Each Receipt this Period  
 2400.00

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

Mailing Address 9 Fredrick Court

City Cedar Grove State NJ Zip Code 07009

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

Name of Employer Genova BUrns Giantomaski Webst Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
 1000.00

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

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 1138 E 24th Street

City State Zip Code  
Brooklyn NY 11210

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

Name of Employer Occupation  
Throgs Neck Extended Care Regional Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 28 Cedar Lane

City State Zip Code  
Sands Point NY 11050

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

Name of Employer Occupation  
Certilman Balin 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  
03 / 18 / 2014

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 23 Grace Srive

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Occupation  
Self Real Estate 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  
03 / 28 / 2014

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
2600.00

**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 12 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 23 Grace Srive

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Self Occupation Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4578**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 135 Jericho Turnpike

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 135 Jericho Turnpike

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4580**

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 13 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 135 Jericho Turnpike

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4581**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 135 Jericho Turnpike

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4582**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 101 Fifth Avenue

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4583**

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 14 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Kalikow</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014 |
| Mailing Address 101 Fifth Avenue  |                                   | <b>Transaction ID : SA11AI.4584</b>                      |
| City<br>New York  | State<br>NY                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2600.00            |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker           |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5200.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Peter Kalikow</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014 |
| Mailing Address 101 Park Avenue   |                                     | <b>Transaction ID : SA11AI.4585</b>                      |
| City<br>New York  | State<br>NY                         |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>2600.00            |
| Name of Employer<br>H.J. Kalikow Co. LLC  | Occupation<br>Real Estate Developer |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00   |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Peter Kalikow</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014 |
| Mailing Address 101 Park Avenue   |                                     | <b>Transaction ID : SA11AI.4586</b>                      |
| City<br>New York  | State<br>NY                         |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>2600.00            |
| Name of Employer<br>H.J. Kalikow Co. LLC  | Occupation<br>Real Estate Developer |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5200.00   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7800.00 |
| <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 15 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 10 Stoneham Drive

City Livingston State NJ Zip Code 07055

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.4107**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 450 SE 5th Avenue Apt 602N

City Boca Raton State FL Zip Code 33432

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

Name of Employer Basser-Kaufman Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11AI.4587**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 450 SE 5th Avenue Apt 602N

City Boca Raton State FL Zip Code 33432

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

Name of Employer Basser-Kaufman Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period  
 900.00

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

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

6000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Steven Kaufman</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014 |  |
| Mailing Address 202 Woodside Drive  |                                     | <b>Transaction ID : SA11AI.4589</b>                      |  |
| City<br>Hewlett   | State<br>NY                         | Zip Code<br>11557  |  |
| FEC ID number of contributing federal political committee.  |                                     | Amount of Each Receipt this Period<br>2600.00            |  |
| Name of Employer<br>Basser-Kaufman  | Occupation<br>Real Estate Developer |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00   |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Steven Kaufman</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014 |  |
| Mailing Address 202 Woodside Drive  |                                     | <b>Transaction ID : SA11AI.4590</b>                      |  |
| City<br>Hewlett   | State<br>NY                         | Zip Code<br>11557  |  |
| FEC ID number of contributing federal political committee.  |                                     | Amount of Each Receipt this Period<br>650.00             |  |
| Name of Employer<br>Basser-Kaufman  | Occupation<br>Real Estate Developer |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3250.00   |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marc Kemp</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014 |  |
| Mailing Address 1325 Huckleberry Lane   |                                     | <b>Transaction ID : SA11AI.4591</b>                      |  |
| City<br>Hewlett   | State<br>NY                         | Zip Code<br>11557  |  |
| FEC ID number of contributing federal political committee.  |                                     | Amount of Each Receipt this Period<br>2600.00            |  |
| Name of Employer<br>Basser-Kaufman  | Occupation<br>Real Estate Developer |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00   |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5850.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |



**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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marc Kemp</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014 |  |
| Mailing Address 1325 Huckleberry Lane   |   | <b>Transaction ID : SA11AI.4592</b>                      |  |
| City<br>Hewlett   | State<br>NY                             | Zip Code<br>11557  | Amount of Each Receipt this Period<br>_____ 650.00 |
| FEC ID number of contributing federal political committee.  |   | C  |  |
| Name of Employer<br>Basser-Kaufman  | Occupation<br>Real Estate Developer     |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 3250.00 |  |  |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Steven Krieger</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |   |
| Mailing Address 67 Clinton Road   |   | <b>Transaction ID : SA11AI.4195</b>                      |   |
| City<br>Garden City   | State<br>NY                             | Zip Code<br>11530  | Amount of Each Receipt this Period<br>_____ 2600.00 |
| FEC ID number of contributing federal political committee.  |   | C  |   |
| Name of Employer<br>The Engel Burman Group  | Occupation<br>Real Estate Developer     |  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 2600.00 |  |   |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ronnie Lane</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014 |  |
| Mailing Address 35 East 75 Street   |  | <b>Transaction ID : SA11AI.4173</b>                      |  |
| City<br>New York  | State<br>NY                            | Zip Code<br>10021  | Amount of Each Receipt this Period<br>_____ 500.00 |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer<br>Warburg Realty  | Occupation<br>Real Estate              |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00 |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | _____ 3750.00 |
| <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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. William Lane</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014 |  |
| Mailing Address 35 East 75 Street   |  | <b>Transaction ID : SA11AI.4170</b>                      |  |
| City<br>New York  | State<br>NY                            | Zip Code<br>10021  | Amount of Each Receipt this Period<br>_____ 500.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>_____ 500.00       |  |
| Name of Employer<br>ElectroSound  | Occupation<br>Business Executive       |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00 |  |  |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Randy Levine</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |   |
| Mailing Address 245 East 58 St., Apt. 7D  |   | <b>Transaction ID : SA11AI.4193</b>                      |   |
| City<br>NEw York  | State<br>NY                             | Zip Code<br>10022  | Amount of Each Receipt this Period<br>_____ 2600.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>_____ 2600.00      |   |
| Name of Employer<br>Jackson Lewis   | Occupation<br>Attorney                  |  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 2600.00 |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Carol Mack</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 18 / 2014 |   |
| Mailing Address 1950 S. Ocean Boulevard   |   | <b>Transaction ID : SA11AI.4593</b>                      |   |
| City<br>Palm Beach  | State<br>FL                             | Zip Code<br>33480  | Amount of Each Receipt this Period<br>_____ 2600.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>_____ 2600.00      |   |
| Name of Employer<br>None  | Occupation<br>None                      |  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 2600.00 |  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | _____ 5700.00 |
| <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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 1950 S. Ocean Boulevard

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
None None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.4594**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 960 Park Avenue

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
The Mack Company Real Estate Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4595**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 960 Park Avenue

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
The Mack Company Real Estate Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4596**

Amount of Each Receipt this Period  
2600.00

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

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

7600.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 20 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 164 E. Sunrise Hiwghway

City Valley Stream State NY Zip Code 11581

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  
 03 / 12 / 2014

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. Box 793

City Bridgehampton State NY Zip Code 11932

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

Name of Employer Requested Occupation Requested  
Real Estate Manager/Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 42 Woodlawn Ave,

City New Rochelle State NY Zip Code 10804

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

Name of Employer Requested Occupation Requested  
Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
 1000.00

**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 21 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 348 Pepperidge Rd.

City State Zip Code  
Hewlett Harbor NY 11557

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

Name of Employer Requested Occupation  
Legal Services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1750 New Highway

City State Zip Code  
Farmingdale NY 11735

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

Name of Employer Requested Occupation  
Business Owner

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  
 03 / 28 / 2014

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1482 Ocean Parkway

City State Zip Code  
Brooklyn NY 11230

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

Name of Employer Requested Occupation  
Manager

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 Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.4597**

Amount of Each Receipt this Period  
2600.00

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

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

7100.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 OF 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address 1482 Ocean Parkway

City Brooklyn State NY Zip Code 11230

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

Name of Employer Prompt Nursing Employment Agen Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.4598**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 251 Estates Terrace South

City Manhasset State NY Zip Code 11030

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

Name of Employer Ruskin Moscou Faltischek, P.C. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1845 61st Street

City Brooklyn State NY Zip Code 11204

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

Name of Employer Woodmere Rehab & HCC Occupation Controller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
2500.00

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

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

5900.00

**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 27 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

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

Mailing Address P. O. Box 2

City Merion State PA Zip Code 19066

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P. O. Box 423

City Palm Beach State FL Zip Code 33480

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  
 03 / 21 / 2014

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1 Executive Drive

City Edgewood State NY Zip Code 11717

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

Name of Employer Owner Occupation Real Estate Delevoper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4150**

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

113700.00

**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 27 |
|   | <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)  
**Bruce Blakeman**

Mailing Address 770 Shore Road  
Unit A

City Long Beach State NY Zip Code 11561

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA13A.4099**

Amount of Each Receipt this Period  
 100000.00

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

Mailing Address 770 Shore Road  
Unit A

City Long Beach State NY Zip Code 11561

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA13A.4101**

Amount of Each Receipt this Period  
 100000.00

**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 Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / 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).....

200000.00

200000.00



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

|   |   |               |  |  |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 25 OF 27 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

|  |                 |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
|--|-----------------|--|---------|--------------------------|-----------|--------------------------|-----------|--|----|--------------------------|---------|--------------------------|---------|--------------------------|-----------------|--|--|
| Full Name (Last, First, Middle Initial)  |                 | Date of Disbursement   |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| <b>A. Advantage Direct</b>   |                 | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table> |         | M M                      | /         | D D                      | /         | Y Y Y Y  | 03 |                          | 07      |                          | 2014    |                          |                 |  |  |
| M M  | /               | D D  | /       | Y Y Y Y                  |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| 03   |                 | 07   |         | 2014                     |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| Mailing Address 2300 Clarendon Blvd.   |                 | Amount of Each Disbursement this Period  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Arlington</td> <td>VA</td> <td>22201</td> </tr> </table>   |                 | City   | State   | Zip Code                 | Arlington | VA                       | 22201     | <table border="1"> <tr> <td>300.00</td> </tr> </table>   |    | 300.00                   |         |                          |         |                          |                 |  |  |
| City   | State           | Zip Code   |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| Arlington  | VA              | 22201  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| 300.00   |                 |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| Purpose of Disbursement<br>CD-4 Conservatives List   |                 | Transaction ID : SB17.4207   |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| Candidate Name   |                 | Category/Type  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> |                 | <input type="checkbox"/>   | House   | <input type="checkbox"/> | Senate    | <input type="checkbox"/> | President | Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table> |    | <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | <input type="checkbox"/> | Other (specify) |  |  |
| <input type="checkbox"/>   | House           |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Senate          |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | President       |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Primary         | <input type="checkbox"/>   | General |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Other (specify) |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |
| State: District:   |                 |  |         |                          |           |                          |           |  |    |                          |         |                          |         |                          |                 |  |  |

|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|--|-----------------|--|---------|--------------------------|--------|--------------------------|-----------|--|--|--------------------------|---------|--------------------------|---------|--------------------------|-----------------|--|--|
| Full Name (Last, First, Middle Initial)  |                 | Date of Disbursement   |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <b>B.</b>  |                 | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |         | M M                      | /      | D D                      | /         | Y Y Y Y  |  |                          |         |                          |         |                          |                 |  |  |
| M M  | /               | D D  | /       | Y Y Y Y                  |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Mailing Address  |                 | Amount of Each Disbursement this Period  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>   |                 | City   | State   | Zip Code                 |        |                          |           | <table border="1"> <tr> <td></td> </tr> </table>   |  |                          |         |                          |         |                          |                 |  |  |
| City   | State           | Zip Code   |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Purpose of Disbursement  |                 | Category/Type  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Candidate Name   |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> |                 | <input type="checkbox"/>   | House   | <input type="checkbox"/> | Senate | <input type="checkbox"/> | President | Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table> |  | <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | <input type="checkbox"/> | Other (specify) |  |  |
| <input type="checkbox"/>   | House           |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Senate          |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | President       |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Primary         | <input type="checkbox"/>   | General |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Other (specify) |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| State: District:   |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |

|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|--|-----------------|--|---------|--------------------------|--------|--------------------------|-----------|--|--|--------------------------|---------|--------------------------|---------|--------------------------|-----------------|--|--|
| Full Name (Last, First, Middle Initial)  |                 | Date of Disbursement   |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <b>C.</b>  |                 | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |         | M M                      | /      | D D                      | /         | Y Y Y Y  |  |                          |         |                          |         |                          |                 |  |  |
| M M  | /               | D D  | /       | Y Y Y Y                  |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Mailing Address  |                 | Amount of Each Disbursement this Period  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>   |                 | City   | State   | Zip Code                 |        |                          |           | <table border="1"> <tr> <td></td> </tr> </table>   |  |                          |         |                          |         |                          |                 |  |  |
| City   | State           | Zip Code   |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
|  |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Purpose of Disbursement  |                 | Category/Type  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Candidate Name   |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> |                 | <input type="checkbox"/>   | House   | <input type="checkbox"/> | Senate | <input type="checkbox"/> | President | Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table> |  | <input type="checkbox"/> | Primary | <input type="checkbox"/> | General | <input type="checkbox"/> | Other (specify) |  |  |
| <input type="checkbox"/>   | House           |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Senate          |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | President       |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Primary         | <input type="checkbox"/>   | General |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| <input type="checkbox"/>   | Other (specify) |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |
| State: District:   |                 |  |         |                          |        |                          |           |  |  |                          |         |                          |         |                          |                 |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 300.00 |

**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               | 0.00                       | 100000.00                                   |

**TERMS**

Date Incurred: M 03 / D 04 / Y 2014  
 Date Due: M M / D D / Y Demand  
 Interest Rate: 3.00 % (apr)  
 Secured:  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: [ ] |

|  |   |           |
|--|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | ▶ | 100000.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | [ ]       |

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

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

NAME OF COMMITTEE (In Full) **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: M 03 / D 28 / Y 2014 Date Due: M / D / Y Demand Interest Rate: 3.00 % (apr) Secured:  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: [ ] |

|  |   |           |
|--|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | ▶ | 100000.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | 200000.00 |

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